

WARREN COUNTY SCHOOL DISTRICT

REQUEST FOR **ATHLETIC FEE REFUND** FORM

A Refund of the Athletic Fee may be requested if one of the following situations occur PRIOR to the 5th day of practice:

- A) The team season is cancelled due to insufficient numbers.
- B) The student is cut from a team.
- C) The student moves out of the district prior to the first scheduled practice.
- D) The student suffers a season ending injury before the first scheduled practice.
- E) Other, please explain

If the request is approved, please allow 4-6 weeks for payment.

Please fill out the following to request a refund:

Check one: Payment was made using a Credit Card Check/Money Order

Refund check made payable to: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Child's Name: _____

Grade: _____

Sport: _____

Reason for Refund:

Parent Signature: _____

Official Use Only: Approved Denied

Reason if Denied:

Signature: _____ Date: _____