**REFUND REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | Athlete Name: |  |
| **Parent Name:** |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I, \_[INSERT NAME OF INDIVIDUAL REQUESTING REFUND] hereby request a refund for BYSI/BUFC Soccer fees for the following reasons:

|  |
| --- |
| **REASON FOR REQUEST** |
|  |
| Signature:  |  |

**IN OFFICE USE ONLY:**

**AUTHORIZATION FOR REFUND**

This will confirm that a formal request has been made for a refund for BYSI/BUFC Soccer fees in accordance with Policy\*\*. The request is formally APPROVED/DENIED as per resolution Number \*\*\*.

Dated at North Battleford, SK, this **23 August 2023**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board Member Signature**

**\*\*Please submit any additional supporting documentation (doctors note, etc.) via email to** **bysiregistrar@sasktel.net** **\*\***