



West Babylon Football League (WBFL), Inc. - "Refund Form"

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|---|---|
| Date: | |
| Parent/Guardian Name: | |
| Phone Number: | |
| Address: | |
| eMail Address: | |
| Child's Name: | |
| Football/Cheerleading: | |
| How do you wish to be contacted? | <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL |
| Reason for Requested Refund: | <input type="checkbox"/> WEIGHT <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER |
| Please Explain: | |
| <i>*** FOR LEAGUE USE ONLY ***</i> | |
| Confirmation Personal Check Cleared: | <input type="checkbox"/> YES <input checked="" type="checkbox"/> X |
| Equipment/Uniform Returned: | <input type="checkbox"/> YES <input checked="" type="checkbox"/> X |
| Refund: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Denied | Explain: |
| \$ Amount of Refund: | |
| Check Number: | |
| Board Member Approval: | X Date: |
| Signature of Receiver of Refund: | X Date: |