

2190 Polk St.  
 Eugene, OR 97405  
 Phone: (541) 683-2374  
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## REFUND APPLICATION

Has a uniform or player's equipment been issued to your child?      No      Yes

If yes, have you returned it to the KIDSPORTS office? \_\_\_\_\_

How many practices/games/or jamboree games did player attend/participate in? \_\_\_\_\_

Why is this refund being requested? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____ Parent/Guardian
_____ Name of Player
_____ Address
_____ Home Phone      Work Phone

_____ Sport Registered For
_____ School Playing For      Grade
_____ City      State      Zip
_____ Amount of Registration Fee

***I certify that I have read the entire refund policy on the reverse side of this paper.***

\_\_\_\_\_  
 Signature of person requesting refund

\_\_\_\_\_  
 Date

### OFFICE USE ONLY

<b>Staff</b> _____ <b>Date Received</b> _____ <b>Registration Date</b> _____ <b>Date Cancelled</b> _____	<b>Uniform Returned Verification</b> Yes      No <small>(Quad BxB/VB &amp; Tackle Gear)</small> <b>Notes</b> _____ _____
<p style="text-align: center;"><b><u>Method of Refund</u></b></p> Check _____ Credit Voucher _____ Visa _____	<b>Approval: Granted</b> _____ <b>Denied</b> _____ <b>Reason Denied</b> _____ <b>Amount to be refunded</b> _____ <b>Approved/Denied By:</b> _____ <b>Date:</b> _____