



Request For Refund Form

Forsyth County Broncos Athletic Association, Inc.

(a nonprofit organization)

Requestor Space

DATE: _____

Name of Individual Requesting Refund _____

Please Print Requestor's Name Above

Name of Child Refund is requested for _____

Please Print Child's Name Above

Child's Team

Cheer Flag MM JPW PW JM M

Football TM MM JPW PW JM M

If second child:

Name of Child Refund is requested for _____

Please Print Child's Name Above

Child's Team

Cheer Flag MM JPW PW JM M

Football TM MM JPW PW JM M

Reason for Request:

Amount Paid to date _____

Less Non-refundable Deposit

\$75.00

Amount of Refund Requested _____

Payment made via Cash Check Check no. _____

Requestor Signature: _____

Requestor Please Sign Above

By signing above you agree that all information provided is complete and accurate and that you are the individual that is due the refund requested.

Treasurer Space

Refund Approved Yes No

Director of Football

Yes No

Director of Cheer

Reason for Denial:

Refund processed on:

Other Notes: