



# 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 D8  D10  D12  D14  D16  D18

Football  Flag  Tackle Division \_\_\_\_\_

If second child:

Name of Child Refund is requested for \_\_\_\_\_

Please Print Child's Name Above

Child's Team

D8  D10  D12  D14  D16  D18

Cheer

Football  Flag  Tackle Division \_\_\_\_\_

Reason for Request:

Amount Paid to date

\_\_\_\_\_

Payment made via

Cash  Check  Check no. \_\_\_\_\_

Less Non-refundable Deposit

\$75.00

Online

Amount of Refund Requested

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: