

Titans Youth Football and Cheer Refund Request Form

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

FULL REFUND

☐

PARTIAL REFUND

☐

REASON FOR REFUND REQUEST: _____

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

OFFICIAL USE ONLY

DOCTOR'S NOTE OR OTHER DOCUMENT ATTACHED: _____

APPROVED

☐

DENIED

☐

OPINION: _____

AMOUNT APPROVED: \$ _____

BOARD MEMBER SIGNATURE: _____ DATE: _____