ARSENAL COLORADO

PO BOX 271842 - FORT COLLINS, CO 80527-1842 - (970) 226-4253

RECREATIONAL
REQUEST FOR REFUND

All requests for refunds must be in writing and submitted to the League Registrar on the appropriate REQUEST FOR REFUND form. The Registrar must act on requests for refunds in a timely manner of receipt of the request. All refunds will be subject to a $15 processing fee and NO REFUNDS WILL BE ISSUED AFTER the season begins. No refunds will be issued due to game or practice cancellations due to weather, acts of God or forfeits of opposing teams. Requests for refund may be submitted at any time, and extenuating circumstances may allow for the refund of some portion of the registration fee at a later date. The decision as to what portion of the Registration Fee may be refunded shall rest solely with the League Registrar.

The decision of the Registrar will be processed and the refund will be issued in a timely manner. All refunds of registration fees will be issued in the same manner the fee was collected (check or credit card). Under no circumstances will refunds of registration fees be paid out directly from the office.

PLAYER'S LAST NAME **FIRST NAME** **DATE OF BIRTH**

STREET ADDRESS **CITY** **STATE** **ZIP**

_____ _____

PHONE NUMBER **DATE OF REQUEST**

MAKE CHECK PAYABLE TO: _____

_____ _____

SIGNATURE **RELATIONSHIP**

PLEASE STATE REASON FOR REQUESTING A REFUND:

_____

_____

_____

_____

_____

Amount Refunded: $_____Date of Refund: _____ Check #_____

Authorized Signature: _____