



PDL REFUND REQUEST

Arsenal Colorado PDL Refund Policy: All requests for refund of Seasonal Player Fees must be submitted to the League Registrar on the appropriate REQUEST FOR REFUND FORM. Requests for refund may be submitted at any time, extenuating circumstances may allow for the refund of a reduced portion of the Season Player Fee. The decision as to what portion of the Seasonal Player Fee will be refunded shall rest solely with the League Registrar (the amount will not exceed 50% of the Seasonal Player Fee).

The League Registrar will act on the Refund Request in a timely manner of its receipt and the decision of the League Registrar along with the refund, if any, will be refunded in a timely manner. All refunds will be issued using the same method of payment. No refunds will be issued due to game or practice cancellations due to weather, acts of God or forfeits of opposing teams.

Players may request a refund of the Seasonal Player Fee if they are unable to participate due to a family move.

Requests for Refund shall be processed each season (fall and spring) according to the following schedule:

FALL SEASON – REQUESTS FOR REFUND SUBMITTED:

1. On or before September 15th: shall be eligible for a maximum refund of 50%.
2. After September 15th: shall be submitted to the League Registrar for review.

SPRING SEASON – REQUESTS FOR REFUND SUBMITTED:

1. On or before April 1st: shall be eligible for a maximum refund of 50%.
2. After April 1st: shall be submitted to the League Registrar for review.

| | | |
|---------------------------|---------------------|------------------------|
| _____ Player Last Name | _____ First Name | _____ Date of Birth |
|---------------------------|---------------------|------------------------|

| | | | |
|-------------------------|---------------|--------------|----------------|
| _____ Street Address | _____ City | _____ Zip | _____ Phone |
|-------------------------|---------------|--------------|----------------|

| | | | |
|-----------------------|-----------------------|------------------------|--------------------------|
| _____ Current Team | _____ Age Division | _____ Current Coach | _____ Date of Request |
|-----------------------|-----------------------|------------------------|--------------------------|

| | |
|------------------------------|--------------------|
| Make Check payable to: _____ | _____ Signature |
|------------------------------|--------------------|

PLEASE STATE REASON FOR REQUESTING REFUND: _____

AMOUNT REFUNDED \$ _____ Date of Refund _____ Check # _____

Authorized Signature _____