



Help us help the children of the St. Croix Valley

SCVAA-Refund
P.O. Box 44
Stillwater MN 55082

REFUND REQUEST FORM

Please complete and return to the address shown above for authorization.

Date Requested: _____

Participant Name: _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____

Work Phone: _____

Reason for Request: _____

Which sport are you requesting a refund for?

- BASKETBALL
- MOUNTAIN BIKING
- BASEBALL
- SOCCER
- CHEERLEADING
- SOFTBALL
- FOOTBALL
- WRESTLING

Refunds will be allowed on requests postmarked up to the day of the Coaches Meeting. A service fee or 25% or \$20, whichever is less, will be assessed on all refund requests. No refunds will be authorized that are postmarked after the Coaches Meetings.

FOR SCVAA USE ONLY

Amount: _____

Check #: _____

Commissioner: _____

Date Issued: _____

Budget Code: _____

Treasurer: _____

If not approved, reason denied: _____