

# 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: \_\_\_\_\_

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PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICIAL USE ONLY

DOCTOR'S NOTE OR OTHER DOCUMENT ATTACHED: \_\_\_\_\_

APPROVED

DENIED

OPINION: \_\_\_\_\_

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AMOUNT APPROVED: \$ \_\_\_\_\_

BOARD MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_