

**WEST NIAGARA BASEBALL ASSOCIATION**

**Grimsby Ontario**

**Player Refund Request Form**

***Registration refunds will not be granted after June 1st***

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque Made Out To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSE LEAGUE PLAYERS**

Withdrawal before May 1st ……………………………………………………………………………………. $20 Deductible

Withdrawal before June 1st…………………………………………………………………………….……… 50% Deductible

Withdrawal after June 1st..........................................................................................................................Non-refundable

**REP PLAYERS**

Withdrawal before May 1st…………………………………………………………………………………… $20 Deductible

Withdrawal before June 1st…………………………………………………………………………………….. 50% Deductible

Withdrawal after June 1st..........................................................................................................................Non-refundable

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Refund Request Forms can be emailed to [info@westniagarabaseball.com](mailto:info@westniagarabaseball.com) Attention to the Registrar.

**FOR OFFICE USE ONLY:**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REFUND APPROVED: \_\_\_\_\_\_\_ REFUND DENIED: \_\_\_\_\_\_\_

**REFUND TYPE:**

House League: Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel: Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_