



## REFUND REQUEST

Player's Name: \_\_\_\_\_

Player's Team: \_\_\_\_\_ Division: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for requesting refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Refund Rules

1. A full refund will be issued if request is received prior to team selection
2. Partial refunds will be considered but not guaranteed after team selection
3. No refunds will be issued after February 16th unless approved by the league president
4. A refund will only be issued if a refund request has been turned in
5. Any questions regarding refunds please contact [president@dublinll.org](mailto:president@dublinll.org) and [treasurer@dublinll.org](mailto:treasurer@dublinll.org)