



East Valley Baseball, Chandler
Request For Refund



Date _____

Player's LAST Name _____ FIRST Name _____

Male
 Female

Address _____ School Name _____

City _____ State _____ Zip _____ E-Mail _____

Parent's or Legal Guardian's Information

Mom's Name _____ Mom's Occupation _____

Mom's Employer _____ Mom's Work Phone _____ Cell # _____

Dad's Name _____ Dad's Occupation _____

Dad's Employer _____ Dad's Work Phone _____ Cell # _____

Explain reasons for requesting a refund: _____

I/We the parent(s) or legal guardian(s) of the above named player attest that the information given is true and accurate. I/We understand the board of directors normally do not issue refunds and will make a refund decision based on the information provided.

Parent(s) or Guardian(s) Signature: X _____ Date Signed _____
X _____ Date Signed _____

Do Not Write Below This Line: (For League Use Only)

Approved

Check # if Approved:

Denied

Reason if Denied:

Contacted via: Email Mail Phone In Person

Notified Date: _____

EVBB Board Member Signature _____