## **Refund Request Form**

This form is to be used as a request for a full or partial refund. Refund requests are decided on a case by case basis, and could require more information than is provided on this form. Please fill out the information with as much accuracy as possible.

Requests for refunds that exceed the allowable time-frames are not permitted, except in cases of extremities.

Please fill out this form and submit it to:

WYSA | PO Box 556 | Watertown, SD | 57201

Player Name:	
Parent Name:	
	Email:
	Date Received (STAFF ONLY):
Reason for refund request:	
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Continue on back, if necessary	