

# Refund Request Form

South Valley Athletics  
PO Box 1565, Cottage Grove, OR 97424  
541.942.3079  
southvalleyathletics@gmail.com

Please fill out this form to request a refund for your child for the sport you have registered him/her for.  
Please allow up to one month to process, due to our board meetings being held once a month.

## Contact Information

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

## Please provide in detail, your reason for requesting a refund:

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### Office use only:

Refund approved: FULL PARTIAL NONE

Amount: \$

Date:

Initials: