



Refund Request Form – Classic Fall 2010 Season

Classic Refund Policy: (This form must be filled out completely)

The refund request form should be sent to the attention of the division Registrar and must be **received** (not postmarked) in the CASL office by 5pm on **August 2, 2010**. Refunds will be issued for the amount of the registration fees paid less a \$25 administrative fee. In addition to the \$25 administrative fee, any non-refundable fees paid by CASL on the player's behalf will be deducted from the amount of the refund.

Any requests received after 5pm on **August 2, 2010** will not be honored.

Date: _____

Player Name: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Mobile Phone: _____

Amount Paid: \$_____ Payment Method: Credit Card CASH Personal Check

Reason for Refund Request:

Send refund to the address above:

Send refund to the following address:

Mail or fax to:

CASL
Attention: Jean Hogshead
3300 Woman's Club Drive Suite 1
Raleigh, NC 27612

Fax: 919-834-4369

| |
|----------------------------------|
| Official Office Use Only! |
| Payment Verified: _____ |
| Refund Amount: _____ |
| Date Refund Issued: _____ |
| Check Number: _____ |