



## Refund Request Form – Recreational Fall 2010 Season

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

Refund requests should be sent to the attention of the Registrar (Vicki Rohde – Cary/Garner and Lorraine Qualle – Raleigh/Wake Forest) and must be received in the CASL office by 5pm on August 20, 2010. Requests received on or before this date will be issued minus a \$15 administrative fee. Any non-refundable fees paid by CASL on a player’s behalf will also be deducted from the amount of the refund.

Any requests received after 5pm on August 20, 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
\$_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for Refund Request:  
\_\_\_\_\_  
\_\_\_\_\_

Send refund to the address above:

Send refund to the following address:  
\_\_\_\_\_  
\_\_\_\_\_

Mail or fax to:

CASL  
Attention: (name of Registrar)  
3300 Women’s Club Drive Suite 1  
Raleigh, NC 27612

Fax: 919-834-4369

<b>Official Office Use Only!</b>	
Payment Verified:	_____
Refund Amount:	_____
Date Refund Issued:	_____
Check Number:	_____