



Buffalo Valley Youth Association

Refund Request Form

Baseball Softball Swim Football Cheer Fall Baseball Fall Softball Volleyball Basketball Wrestling

Date of Request _____

Name of Player _____

Name of Parent _____

Address _____

City _____ Zip _____

Phone # _____

Reason for Refund _____

Medical Release Attached? Yes No NA

Will check be mailed to above address?? Yes No

If no, to what address do we mail to? _____

Would you like any eligible refund to be held and credited to a future sport?? Yes No

Equipment Returned? Yes No NA

Fundraiser Cleared? Yes No NA

Refund will not be processed until all equipment and fundraiser is cleared.

Office Use Only:

Division _____ Team _____ Coach _____

Amount Originally Received _____ Check # _____ Cash Visa/Mc/Discover

Credit Card Fee of \$2.50 is Non Refundable

% Eligible: 100% 50% Other _____

Amount to be refunded _____ Amount to be Credited _____

Check # _____ Date Mailed _____