

Ashland City Schools
Department of Athletics

REQUEST FOR REFUND/TRANSFER OF ATHLETIC ACTIVITY FEE

Student Name: _____ Grade: _____ Date: _____

Parent Name: _____ Sport: _____

Address: _____

REQUEST OF REFUND:

We request a refund of \$ _____ (amount paid) for the following reason(s):

- _____ 1. Student did not make the team.
- _____ 2. Student was injured prior to first contest.
- _____ 3. Student is academically ineligible to compete.
- _____ 4. Other: _____

REQUEST OF TRANSFER:

Please retain payment of \$ _____ (amount paid) for athletic fees for (sport) _____
and transfer to the sport of _____.

Signature of Parent/Guardian

A refund will not be provided if the athlete quits the team after the first contest.

If you have requested a refund, a check will be mailed to the parent/guardian within 2-3 weeks of receipt of this request.