

# Refund Request Form



Player's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

Division: \_\_\_\_\_

Team: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Method of Original Payment:

*(please check one)*

Cheque

Cash

Credit card *(please attach receipt)*

Reason for refund:

Date Request Submitted: \_\_\_\_\_

Please submit your refund request to:

Tyler Wiwchar

FMBA, Executive Director

[twiwcharfrederictonbaseball@gmail.com](mailto:twiwcharfrederictonbaseball@gmail.com)

*Requests will be reviewed by the Executive Director and President of FMBA within 30 days of submitted.*

**FMBA Executive use only:**

Refund:  Approved  Denied

Date Processed: \_\_\_\_\_