

PDYSA Registration Refund Request
Date _____

Player's Name _____ Division _____

Parent's Name _____

Address: _____

City: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Refund Amount: _____

Original Payment Date: _____ Payment Type (Circle One): CC/ MO/Cashier's Ck/Cash

Reason For Refund: _____

Board use only:

Original Payment Deposit Date: _____ Cleared Bank Yes No

Refund Amount: _____ Check #: _____

Refund Date: _____

Refund Approved By: _____ Refund Approved By: _____

***The Commissioner and the Treasurer must approve all refunds.