

Delmar Little League

Refund Request Form

REFUND POLICY

Please visit delmarlittleleague.com for the full refund policy description

Parent/Guardian Name:	
Player's Name:	
Street Address:	
City-State-Zip:	
Cell Number:	Other Number:
Email Address:	
Division Registered For:	
Date(s) Registered:	
Reason for Requesting Refund:	

Any approved refund will be issued to the credit card used to register or by a DLL official check

Signed: _____ Date: _____

For league use only

Rcvd: _____ Initials: _____ Amount Paid: _____

For Approver (s) use only:

X _____ Approved _____ Denied

Processing Fee: _____ Amount Refunded: _____ Initials: _____