



BOYS & GIRLS CLUB  
OF ALBANY

## COVID 19 Closure - Athletic Department Refund Form

Parent/Guardian (Payee)	Name of Player
Address	Sport Registered For
City, State, Zip	Name of Player
Phone	Sport Registered For

I would like to donate my refund amount to the Boys & Girls Club of Albany to help support the club's efforts during the COVID closure.

I would like to use my refund amount as a credit for Fall Sports. Please specify which sport(s) below. If there is more than one participant on this form, please put the child's name with the sport.

\_\_\_\_\_

I would like a refund check sent to me at the address listed above

Please be aware that the \$3 service fee charged per order by the website provider is non-refundable. The Boys & Girls Club of Albany does not collect that fee and has no way to refund it.

\_\_\_\_\_  
Signature of person requesting refund

\_\_\_\_\_  
Date

### Office Use Only

Staff	Notes
Date Received	Approval: <input type="checkbox"/> Granted <input type="checkbox"/> Denied
<b>Method of Refund</b>	Reason Denied
Check Amt.	Amount to be refunded
Credit Amt. For Fall	Approved/Denied by _____ Date _____