



RIDGEFIELD YOUTH FOOTBALL & CHEER



2017 REFUND REQUEST FORM

Please complete this form in its entirety for a participant refund from RYFC. Below are the cut off dates for this year's program and the amount of the refund due those who decide not to participate in one of our programs.

Participant's Name: _____

Address: _____

Phone: _____ Grade (Fall 2017): _____

Circle Program: Flag Tackle Cheer

Head Coach's Name: _____

Have you returned equipment? Yes No

Parent's Name: _____

Parent's Signature: _____

Date: _____

Reason for leaving program? _____

Coach's Signature: _____ Date: _____

Original amount paid: \$ _____ Refund Due \$ _____

2017 Funds Return:

- * Postmarked on or before August 1st – 100%
- * Postmarked between August 2nd to August 31st – Refund less \$50.00

MAIL ALL REFUND REQUESTS TO: RYFC, P.O. BOX 68, RIDGEFIELD, CT 06877