

DOLLS Refund Request Form

Player Name _____

Parent Name _____

Mailing Address _____

Amount Paid _____ Date Paid _____

Payment Method: Check _____ On-Line Reg _____

Reason for Refund Request _____

FOR DOLLS USE ONLY

Amount of Refund _____

Method of Payment Received _____

Date Payment Received _____

Approved by:

Director of Player Administration _____

Treasurer _____

Please mail this refund request form to:

**DOLLS
Director of Player Administration
PO Box 628
Downers Grove, IL 60516**

Full refunds will be issued if a program is cancelled by DOLLS. For participants who request a refund for any other reason the following guidelines will apply. Refunds which are requested before registration closes will be returned in full less a \$10 processing fee. Refund requests received between the close of registration and prior to the event starting (either practices or clinics) will be returned at 50%. Refund requests received subsequent to the event starting will not be honored. Please note, all refund requests will be processed after registration is complete and will be processed at one time. Refund checks will be issued on or about June 30.