

# HF JR. VIKINGS FOOTBALL & CHEER REFUND REQUEST FORM

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## Parent/ Legal Guardian Information – Please print clearly

Parent/Legal Guardian Name: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Participant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ will not participant as a football/cheerleader for the HF Jr. Vikings 2016 season.

Reason for Request:

- Participant no longer interested
- Personal Relocation
- Medical (documentation required)
- Military Relocation (documentation required)

Explanation (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Signature**

**Date**

Submit this completed form via email to Lori Walton – Treasurer [lori\\_walton@comcast.net](mailto:lori_walton@comcast.net) or the HF Jr. Vikings mailing address: P.O. Box 662 Homewood, IL 60430.

ALL QUALIFYING REFUNDS WILL BE PROCESSED WITHIN 2 WEEKS AFTER SUBMISSION. Date of Submission shall be determined as to the date received by the Treasurer.

Any refund submitted between February 20 - May 11, 2016 will result in a refund of any registration fees paid minus \$50.00 per child. Any refund submitted between May 12 - June 30, 2016 will result in a refund of any registration fees paid minus \$75.00 per child.

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League Use Only: Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Approved: Y / N  
Determination: \_\_\_\_\_

Refund Amount Approved: \$ \_\_\_\_\_.