

**Painesville City Local Schools
Athletic Pay-to-Participate
Refund Request Form**



Name of Student/Athlete:

Name of Parent/Guardian:

Mailing Address:

Athletic Team Squad:

This information will be used for completion of refund

REASON FOR REFUND REQUEST

Program Cancelled Date Cancelled _____

Moved out of District Withdrawl Date _____

Athletic Injury Injury Date _____

The information offered above is, to the best of my ability, current, accurate and correct. Once approved, refunds will be submitted to the Treasurer's office for payment. An attempt will be made to process and issue the refund within a thirty day time period.

Signature of Parent/Guardian

Date

Approved refund of \$ _____

Rejected refund for the following reason

Athletic Administrators Signature

Date