

# BUTLER AREA SCHOOL DISTRICT

## REQUEST FOR **ATHLETIC FEE REFUND** FORM

**A Refund of the Athletic Fee may be requested if one of the following situations occur PRIOR to the first contest date:**

- A) the team season is cancelled due to insufficient numbers.
- B) the student is cut from a team.
- C) the student moves out of the district.
- D) the student suffers a season ending injury.
- E) the student is academically ineligible.

**If the request is approved, please allow 2-4 weeks for payment.**

***Please fill out the following to request a refund:***

Refund check made payable to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Sport: \_\_\_\_\_

**Reason for Refund**

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

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Official Use Only:**     Approved     Denied    Reason if Denied: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date