



Refund Request – Spring 2012

Registration Number Or On-Line ID:	
Player Name:	
Division:	
Amount Paid:	
Reason for Refund Request:	
Refund payable to:	
Address for Refund:	
Phone Number:	
Parent Signature:	

Please complete all information. Return and sign the completed form by:

Email: registrar08_09@bearcreekponybaseball.org **OR**

US Mail: Bear Creek Pony League P.O. Box 770003 Orlando, FL 32877-0003

Please Note the following:

1. All refunds must be received in writing by the League Registrar. Refund request must be approved, and are subject to a \$5.00 processing fee.
2. A Refund request must be submitted for each player, not per family. If sibling discount was applied to a player in the same family, the discount will removed, and will not apply to the refund.
3. Refund requests will not be accepted or approved after the first season game.
4. Approved refunds will be sent to the League Treasurer for payment, who will verify that player's registration deposit has cleared our bank. Refunds will be processed **ONLY** after the parent's deposit has cleared our bank (this can take up to 14 days from the date of deposit).
5. NO Cash Refunds can be made.
6. A refund check will be sent from the Treasurer via US Mail to the address, and made payable to the name noted above.

DO NOT USE – FOR LEAGUE USE ONLY	
Refund #:	
Fee Applied:	\$
Sibling Discount Applied:	\$
Approved by Registrar/Date:	
Approved by Treasurer/Date:	
BCPL Check #:	
Date Check Mailed:	