



REFUND REQUEST FORM

Name of Participant: _____

Program & Division (Football/Cheer: Mighty Mites, Pee-Wees, Jr. Midgets, Midgets):

Parent/Guardian Information

Parent/Guardian Name: _____ Date: _____

Email associated with TeamSideLine account (www.jrspartans.org):

Phone Number: _____

Address to send Refund to: _____

Reason for requesting Refund: Health Military Conflict

Refund Policies

- Down payments and/or deposits are non-refundable.
- All refund checks are charged a 10% processing fee.
- All requests will be decided on by the board.
- All refund checks will be issued within 30 days of date form is received.
- All refund checks will be mailed to address provided above.
- **NO REFUNDS** will be issued after 6/1/2024.