



**NORTH OLMSTED CITY SCHOOLS
PAY-TO-PARTICIPATE
REFUND REQUEST FORM
2010-2011**

Date of Request: _____ Date Received: _____

Name of Student: _____

Name of Parent/Guardian: _____

Sport or Club/Activity for which refund is requested: _____

Reason for refund request:

- ____ Program cancelled
- ____ Quit Sport/Club/Activity
- ____ Injured
- ____ Moved from District
- ____ Other

Date cancelled: _____
Date quit: _____
Date of Injury: _____ (Dr.'s excuse required)
Date withdrawn: _____
Date: _____

The information offered above is to the best of my ability current, accurate and correct.

Signature of Parent/Guardian: _____ Date: _____

Send payment to:

Name: _____

Address: _____

City: _____

State/Zip: _____

****Please note that this application does not guarantee that a refund will be authorized.***

Administrative Use Only

Approved By: _____

Denied By: _____

Date: _____

Reason: