

Registration Refund Form



Date Requested: _____

Player's Name: _____

Parent Name: _____

(For Refund) (Who paid in Paypal)

Division (circle one): U7 / U9 / U11 / U13 / U15 / U17 / Junior

Phone Number: _____

Email Address: _____

Amount Paid: \$ _____

Signature: _____

SEND TO: semilacrosseregistrar@hotmail.com