

Athlete Refund FORM

Complete the following form and turn into St. Matthew Athletic Box.
Refunds are at the discretion of the Parish. **INCLUDE PROOF OF
PAYMENT WITH AMOUNT PAID.**

Parents Names: _____

Parents Email: _____

Athlete Name: _____

Parish Number: _____ **Athlete Age:** _____ **Athlete DOB:** _____

Current School: _____ **Grade:** _____

M/F: _____ **Jersey Size:** _____ **Shirt Size:** _____ **Head Coach:** _____

Adult Phone Numbers : (____) _____ - _____ (____) _____ - _____

Home Address: _____

Request Reason:

Please complete this form and deliver to the following address IMMEDIATELY.

8015 Ballantyne Commons Pkwy Charlotte, NC 28277

IN OFFICE USE ONLY:
