



REFUND REQUEST FORM

REQUESTED BY:	
DATE:	
MAKE CHECK PAYABLE TO:	
MAIL CHECK TO:	

AMOUNT TO BE REFUNDED:	
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JUSTIFICATIONS/REASONS FOR REFUND

APPROVALS – FOR OFFICE USE ONLY			
DEPARTMENT	NAME	SIGNATURE	DATE APPROVED
ATHLETICS			
MEMBERSHIP			
FINANCE			
PRESIDENT/DESIGNEE			

Please fill out form attach medical or other documentation, scan and email all sheets to cbgctrea@gmail.com or send to:

CLINTON BOYS AND GIRLS CLUB
ATTN: FINANCE DEPARTMENT
9110 ½ Piscataway Road, PO Box 112
Clinton, MD 20735