



**Orange Park Athletic Association
P.O. Box 313
Orange Park, FL 32067-313**

REFUND REQUEST FORM

(INCOMPLETE FORMS WILL NOT BE PROCESSED)

PLAYER'S NAME: _____

PROGRAM: (Circle One) Football Cheerleading Baseball Softball

PARENT'S
NAME: _____

ADDRESS: _____

REASON FOR REFUND: _____

NOTE: All refunds must be board approved. Deductions will be taken, before refund, for expenses incurred by OPAA on behalf of players, including uniforms. Additionally, a \$25 processing fee will be deducted from all refunds to cover administrative costs. All requests must be submitted no later than 30 days after the registration date.

FOR OPAA USE ONLY:

AMOUNT PAID: _____

REFUND AMOUNT: _____

APPROVED DATE: _____

NOTIFICATION: (Check after notification is made)

REGISTRATION CHAIRMAN: _____

COMMISSIONER: _____

PLAYER AGENT: _____

UNIFORM RETURNED:

YES

NO

Please mail this form to:
P.O. Box 313 Orange Park, Florida 32073 (904) 264-6999
www.opaa.us