

GFWTC REFUND REQUEST

REFUND INFORMATION

Requested By _____ Date Submitted _____

Adult League Junior Tournament Other _____

League or Event Name _____ Amount _____

Reason for Refund _____

REFUND TO

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

CHECK INFORMATION

Same As Refund To Information

Or Payable To _____

Address _____

City _____ Zip _____ Phone _____

(Note: If refund for Junior, please verify if payable to parent or guardian before submitting)

MAILING INFORMATION

Same As Check Information

Or Mail To _____

Address _____ Phone _____

City _____ State _____ Zip _____

PAYMENT INFORMATION

Date Received _____

Date Paid _____ Manual Check # _____ Online Check Date to be Paid _____