



2020 SEASON REFUND FORM

PARENT INFORMATION *(please print clearly)*

Last Name: _____ First Name: _____

Mailing Address: _____

Zip Code: _____ Email Address: _____

PLAYER INFORMATION *(please print clearly)*

Child #1 First & Last Name: _____

Division: _____ Team (if known): _____

Child #2 First & Last Name: _____

Division: _____ Team (if known): _____

Child #3 First & Last Name: _____

Division: _____ Team (if known): _____

PLEASE CHECK ONE BOX BELOW

- I would like to donate the player(s) fees for the 2020 season
- I would like to withdrawal my player(s) and carry their registration fee over to the 2021 season.
- I would like to withdrawal my player(s) and request a refund, less any applied discounts

Submit by email to jsimmons.rmsbo@gmail.com or via mail to P.O. Box 317 Roselle, IL 60172.