



BPW Refund Request Form

(must be postmarked no later than August 10th)

To: BPW Vice-President
 P.O. Box 162
 Glenmont, NY 12077

From: _____
Parent/Guardian Name

Date: _____

_____ *Address*

_____ *Home Phone*

_____ *City, ST Zip*

_____ *Email*

I am requesting a refund of my registration fees in the amount of \$_____ for the participant(s) named below:

We find it necessary to withdraw from Bethlehem Pop Warner (BPW) at this time due to the following reasons: *(please check all that apply)*

- Age/Weight Restriction
 Loss of Interest
 Time Commitment
 Problem with Coach
 Health Concern/Injury
 Costs
 Other: _____

I understand that this form must be mailed to the BPW Vice-President at the address above, and that it must be postmarked **no later than August 10th**. I understand that Bethlehem Pop Warner must register and pay a fee for all football and cheer squads with Capital District Pop Warner (CDPW) by mid-August, and that once rosters are submitted to CDPW they cannot be changed. This is why BPW cannot honor refund requests that are postmarked after August 10th.

I understand that late registration fees are not refundable. I understand that my refund amount will be reduced by the value of any unreturned (i.e. sold) raffle tickets.

Signature of Parent/Guardian

Date

For BPW Use Only			
Postmark Date:		Received By:	
Status:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Authorization/Reason:	
Check Num:		Date Sent:	
Amount:		Sent By:	