



# District Player Refund Request

## For District Use Only

**Parents Requesting Refunds Must Start the Process with**

**District Board of Directors -**

**Districts Must Submit this Form to Ute Conference Accounting Office**

### Player Registration Form Required For Completion of Refund

### All Refunds subject to a \$25.00 Administration Fee

Mail To: Ute Conference, Inc.  
PO Box 651052  
Salt Lake City, Utah 84165  
801-904-3271 Fax: 385-474-6185  
Email: uteconference@gmail.com

#### Player Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_  
District: # \_\_\_\_\_  
District Name: \_\_\_\_\_  
Player Age: \_\_\_\_\_  
Registration Amount: \_\_\_\_\_  
Administration Fee: \$25.00  
Refund Amount Amount: \_\_\_\_\_

Check Payable To:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Print Name \_\_\_\_\_  
Signature: \_\_\_\_\_  
District Position: \_\_\_\_\_

#### Check Boxes that Apply

Paid By:   Cash  
              Check  
              Online Credit Card  
              Terminal Credit Card

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Must be Refunded  
On District Term CC  
Machines

Reason Player Withdrew: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accounting \_\_\_\_\_  
Check Date: \_\_\_\_\_