

REQUEST FOR REFUND

Southwest Youth Athletic Association

DBA Ken Berry

All requests are subject to approval by the Board of Directors of SYAA, dba Ken Berry League, and an administrative fee will be assessed.

Baseball Division

Softball Division

Reason for Refund (If more space is needed, please attach):

Date Request Submitted: _____

ALL REQUESTS MUST BE APPROVED BY THE BOARD OF DIRECTORS OF SYAA, DBA KEN BERRY LEAGUE

Child's Name: _____

Child's Division: _____

Child's Team (if applicable): _____

Requestor Printed Name: _____

Signature: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Email Address: _____

Payment Date: _____

Payment Amount: \$ _____

Please email completed form to your league representative.

Or Mail to the below address:

SYAA, Inc.

4011 SW 29th St

#342

Topeka, KS 66614

For Office Use Only

Board Decision: _____

Decision Date: _____

Amount Approved: \$ _____