

# REFUND FORM

BSAA FOOTBALL  
PO BOX 921  
BLUE SPRINGS, MO. 64013

Player Name:

Return Address:

Telephone Number:

Division:

Team:

You are entitled to a refund up until the first game of the season. Please have the Head Coach of your team sign this form after you returned your equipment to him/her. Once your coach has signed the form, please mail to the above address. Your refund will be mailed to you.

Reason for refund:

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_