## WTAA Refund Policy

- 1. A request must be made in writing to WTAA, P. O. Box 538, West Wareham, MA 02576
- 2. Requests submitted before August 1<sup>st</sup> receive 100% of REGISTRATION FEE PAID \$125 per one child, \$300 per family only if ALL family members withdraw. (Any fundraising items must be returned in full)
- 3. Requests submitted between August  $1^{st} 15^{th}$  will receive  $\underline{-50\%}$  of REGISTRATION FEE PAID
- **4.** Any child unable to play for not making weight at master weigh-in will receive a **FULL 100%** refund.
- **5.** Refund checks will be mailed out after the first official game of the season.
- **6.** Any issued equipment must first be returned prior to ANY refund being approved.
- 7. NO REFUNDS WILL BE ISSUED ON REQUESTS MADE AFTER AUGUST 15<sup>TH</sup> OF THAT SEASON!

## PARENTAL SIGNATURE

(PARENT OR GUARDIAN SIGNATURE)	(DAT	(DATE)		
(PARENT OR GUARDIAN SIGNATURE)	(DAT	(DATE)		
<b>IMPORTANT:</b> Please add any other siblings (bo WTAA. We will try to utilize this information to for your family.				
Print siblings by name	PLEASE CIRCLE ONE		Sibling - DOB	
	Football	Cheer		
	Football	Cheer		
	Football	Cheer	/	
	Football	Cheer		
T REEL	Football	Cheer		
By signing this form I acknowledge that I have	read and understand	I the ABOVE RE	EFUND TERMS & CONDITIONS.	
ACCEPTED BY Parent or Guardian:		Print Name	::	