



# Rec and Premier Rec Refund Request Form

Real Colorado offers a refund up until a week prior to the first week of scheduled practice. Real Colorado does not offer refunds, credits or fee transfers for the recreational program after that time with the strict exception of the following situations:

- If Real Colorado is unable to place your child on a team a full refund will be offered.
- If you move out of Douglas County prior to the start of the season for which you have registered, a refund minus a handling fee of \$20.00 for U8 and younger players or \$30 for U9 and older players will be honored.
- If before the 3rd scheduled season game your child is unable to finish the season due to a physician documented illness or injury, a refund minus a handling fee of \$20.00 for U8 and younger players or \$30 for U9 and older players will be honored. (Refund requests due to injury must be made within 2 weeks of injury or illness and must have a doctor's note.)

\*While we will make an attempt, when possible, to place your child on another team to accommodate your schedule, refunds are not available due to scheduling conflicts.

\*There will be no reimbursements of any kind on games or practices cancelled due to weather, acts of God or forfeits of opposing teams.

\*Late payments and payment plan fees are non-refundable.

**Recreational and Premier Rec refunds granted are subject to a handling fee of \$20.00 for U8 and younger players or \$30 for U9 and older players except for those cases where Real Colorado CANNOT place a child.**

If your refund request meets the above criteria, please complete the following information and email or fax it to the REAL Office. All information is required to process your refund. Incomplete requests will not be processed.

Date of request: \_\_\_\_\_ Competitive \_\_\_\_\_ Recreational \_\_\_\_\_ Season \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Parent's Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Season: \_\_\_\_\_

**Reason for Request:**

1. Moving out of Douglas County a distance of 50 miles or more Date Effective: \_\_\_\_\_
2. Injury or Illness (Please attach Doctor's note): \_\_\_\_\_
3. Other \_\_\_\_\_ (attach detail note)

**MANDATORY:** Form of Registration Payment circle one **Check MC VISA**

(if payment was by credit card you must list the card number and expiration date) Failure to provide this information will result in non-processing of your refund. FOR YOUR SECURITY: After your refund is processed, this information will be destroyed. Your refund will be processed in the same manner as your payment. **IF credit card enter MC or Visa number and Expiration here online below:**

Credit Card Number \_\_\_\_\_ EXP \_\_\_\_\_

If your refund is denied, you will be given written notice.

