



Competitive Refund Request Form

Real Colorado does not offer refunds, credits or fee transfers for the Junior Academy and Competitive program with the strict exception of the following situations:

- If you move out of Douglas County prior to the start of the season for which you have registered, a refund minus a \$100.00 handling fee 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 \$100.00 handling fee 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.)

*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.

Competitive and Junior Academy refunds granted are subject to a \$100.00 handling fee except for those cases where REAL 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 _____ Junior Academy _____ 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: _____

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.



Office Use only Amt Paid Amt Refunded Form of Refund: CC Real Ck # Credit to Acct Date