

CYB Request for Refund

For year: _____

Player Name: _____ Division: _____

Parent Name(s): _____

Explain reason for refund: _____

Note that league policy is normally NOT to give refunds. The reason given above will be evaluated by the CYB board and a decision will be made.

I hereby swear that the information given above is accurate to the best of my knowledge.

Signature: _____ **Date Signed:** _____

Fill out – then mail to: **CYB
P.O. Box 6833
Chandler, AZ 85246-6833**

- or scan and email to: **cybb@cybb.org**