

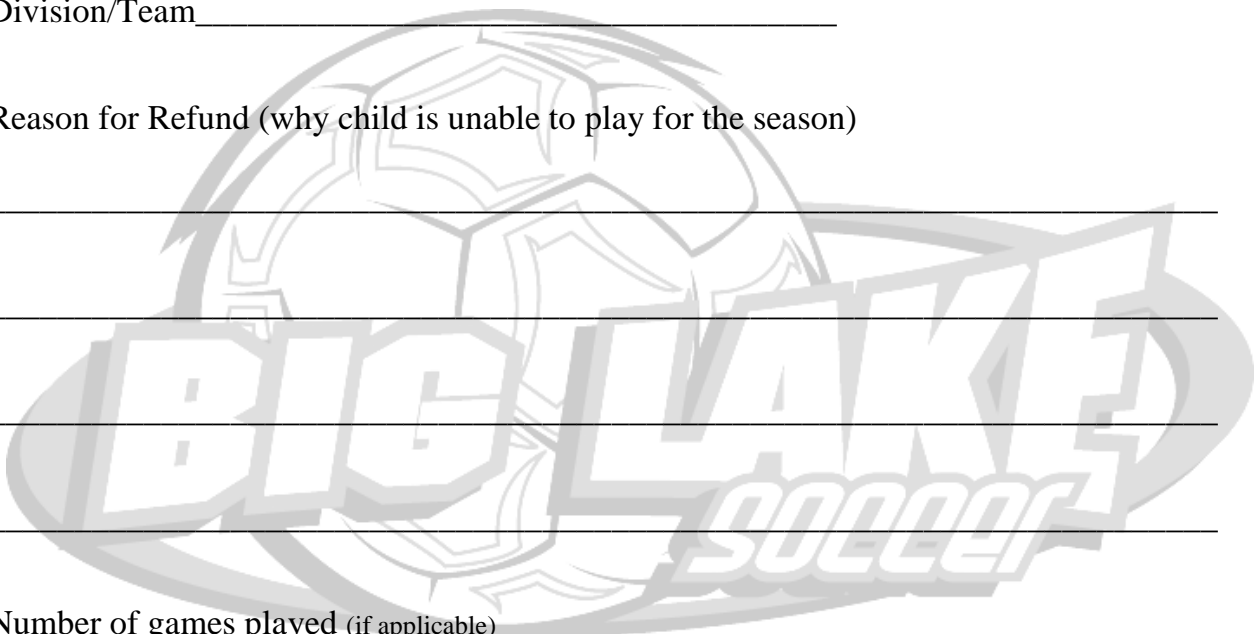
Request for Refund

Name _____ (checks will be written to this name)

Child's name _____

Division/Team _____

Reason for Refund (why child is unable to play for the season)



Number of games played (if applicable) _____

Address for reimbursement to be sent to _____

**Submit requests to BLSA Treasurer - P.O. Box 391 Big Lake, MN 55309