



REFUND REQUEST FORM

Updated: July 17th, 2023

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Please email the completed form to refunds@skyvolleyballcub.ca

Once your application is received, it will be reviewed by the Case Manager(s) as chosen by the SKY Board of Directors.

Contact Details			
Athlete Name:		Phone:	Email:
Address:			

Refund Information				
Date:		Sky Team:	____ (age) ____ (B/G) _____	Team (Blue, White, T&P)
Rationale for Refund (check which one(s) apply):				
Injury	Medical Condition	Life Changing Event	Volunteer Fee	Other
Details for rationale (specify injury, medical condition, life changing event, Volunteer activities), attach all necessary information, ie doctors notes, etc				

The information above is sworn to be true and accurate

Name

Signature

SKY Use Only (SKY will return this form within 7 days of receiving form)		
Date:	Approved:	<i>Rationale if No</i>
	YES NO	

**Decision of Case Manager is not appealable*