

# MTAA Player Refund Form

Parent Name: \_\_\_\_\_ Child: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Cell

## Sport & Level (Circle One)

**Softball:** 8U 10U 12 U

**Baseball:** T-Ball Coach Pitch Knee-Hi Mite Diamond Fall Ball

**Football:** Flag Knee-Hi Mite Midget

**Cheerleading:** Flag Knee-Hi Mite Midget Competition

**Field Hockey:** Junior Senior

**Boys Basketball:** Knee-Hi Mites Junior Travel

**Girls Basketball:** Gr 3 & 4 Gr 5 & 6 Travel

**Wrestling:** All Ages

Head Coach Name: \_\_\_\_\_

Please complete all of the above sections and turn into MTAA Treasurer at a General Board Meeting or mail the form and a self-addressed stamped envelope to:

M.T.A.A.  
Attn: Player Refund  
PO Box 127  
Temple, PA 19560

Your refund will be mailed out within 15 days of receipt

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## M.T.A.A. Use Only Below This Point

Has player attended more than two practices Yes No

Has player turned in all MTAA issued equipment Yes No

Date Issued	Check #	Check Amount	Initials