



District Refund Request

405 South Main Street
11th Floor
Salt Lake City, Utah 84111
801-257-3483 Fax: 801-257-3587
Email: uteporequest@gmail.com

to issue checks.

Date: _____

District: # _____

District Name: _____

Amount: _____

Check Payable To: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Approved By: _____

Print Name _____

Signature: _____

Position: _____

All Equipment was returned to: _____

Reason For Refund Request: _____

Accounting _____

Check Date: _____

Refund Policy - Prior to 1st day of practice, a FULL REFUND less the \$25 fee (Online, Administration and Organizational Costs) will be given.

NO REFUND WILL BE GIVEN ON OR AFTER THE FIRST DAY OF PRACTICE - NO EXCEPTIONS

Refunds will only be issued after all equipment has been returned to the district. You must provide a copy of your receipt in order to get a Refund.