



REFUND APPLICATION

This form **MUST** be used to apply for a refund of a portion of any fees paid to the Abbotsford Cardinals Baseball Club ("AC"). Each refund application will be reviewed at AC's next monthly Steering Committee meeting and any refund that may be granted will be issued during the month of September. This refund application will be administered by the Steering Committee (in consultation with the General Manager and Head Coach) in accordance with the AC By-Laws and Players Code of Conduct. The granting of any refund is entirely at the sole discretion of the Steering Committee. Each refund application will be acknowledge by return email, and each refund that may be granted will be subject to a \$50 administrative fee.

Each refund application for players in the Junior and Senior age groups must be dated, in writing and received by the Abbotsford Cardinals before April 1st of the current year.

The Abbotsford Cardinals year is broken down into four segments; Fall Ball Season is Sept 1 to Oct 31, Winter Workouts Season is Nov 1 to Jan 15, Regular Pre-Season is Jan 16 to March 31 and Regular Season April 1 to Aug 15.

No refunds will be granted for Fall Ball or Winter Workouts seasons.

Pro-Rating of a refund is only considered for the Regular Pre-Season and Regular Season fees. The combined Pre-Season and Regular Season is 7 months. All partial months are considered as a full month when ProRating.

i.e. After payment, his family moves to another town on March 1, or the player is injured on March 8, or the player decides not to play on March 14. In this case, if the application for a refund is granted, then the player would receive a refund of 5/7 of the Pre-Season and Regular Season fees paid.

Abbotsford Cardinals policy is that a refund will **NOT** be issued if any of the following has occurred:

1. Player quits the team to which they have been assigned.
2. Player leaves the AC to join another club.
3. Player is dismissed for disciplinary reasons.
4. Refund application is received after the April 1 deadline.

The following information must be provided to apply for a refund:

Player's Full Name: _____

Player's Date of Birth: _____

Parent's Name: _____



Team Mailing Address:

Abbotsford Cardinals, 3554 Creekstone Dr, Abbotsford, BC, V2S 0A1

Contact Email Address:

Email Address – General Manager:

swbesse@gmail.com

I have read and agree to the refund application policy.

Parent's Name and Signature: _____

Date: _____

Please provide a brief explanation as to the reason for the refund application:
