

# **NORFOLK / MEDFIELD / MILLIS**

## **POP WARNER FOOTBALL, INC.**

PO BOX 560 \* Norfolk, MA 02056

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### **REFUND POLICY**

THE FOLLOWING CONSTITUTES THE NMM POP WARNER FOOTBALL, INC.'S POLICY PERTAINING TO THE REFUND OF REGISTRATION FEES.

➤ NMM POP WARNER WILL ISSUE A **FULL** REFUND TO THOSE PARTICIPANTS WHO EXIT THE PROGRAM **AND** REQUEST IN WRITING SAID REFUND PRIOR TO AUGUST 1<sup>ST</sup>, 2010 (THE FIRST OFFICIAL DAY OF PRACTICE).

➤ NMM POP WARNER, INC. WILL ISSUE A **50%** REFUND TO THOSE PARTICIPANTS WHO EXIT THE PROGRAM **AND** REQUEST IN WRITING SAID REFUND PRIOR TO AUGUST 30<sup>TH</sup>, 2010.

➤ ANY EXCEPTION TO THIS POLICY MUST HAVE THE APPROVAL OF THE NMM VIKINGS BOARD OF DIRECTORS. (SUCH AS WEIGHT/AGE ISSUES)

➤ **NO REFUND REQUESTS WILL BE CONSIDERED AFTER THE FIRST OFFICIAL GAME.**

PLEASE UNDERSTAND THAT IN PREPARING FOR YOUR CHILD'S PARTICIPATION IN OUR PROGRAM, WE COMMIT TO THE PURCHASING OF EQUIPMENT, UNIFORMS, INSURANCE, ETC., AS WELL AS THE COSTS OF MAINTAINING THESE PURCHASES. IT IS NOT OUR INTENT TO CAUSE ANY FINANCIAL HARDSHIP TO OUR MEMBERS, HOWEVER IN ORDER TO CONTROL OUR COSTS AND MAINTAIN THE AFFORDABILITY OF OUR PROGRAM, LIMITATIONS MUST EXIST ON REFUNDS.

NMM BOARD OF DIRECTORS

January 23, 2010

Norfolk/Medfield/Millis  
Pop Warner Football, Inc.

Player/Cheerleader Refund Request

Date: \_\_\_\_\_

In accordance with the policy of NMM Pop Warner Football Inc. I  
request a refund for:

Player/Cheerleader \_\_\_\_\_ Squad \_\_\_\_\_

Reason(s) for  
withdrawal \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Issue Refund to:

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Parent or Guardian

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**NMM Pop Warner Use only:**

Received and approved by: \_\_\_\_\_

Title/Position \_\_\_\_\_

Date of Receipt \_\_\_\_\_