

NORFOLK / MEDFIELD / MILLIS

POP WARNER FOOTBALL, INC.

PO BOX 560 * Norfolk, MA 02056

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 7th, 2010 (AFTER THE FIRST OFFICIAL WEEK 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 31ST, 2010. All equipment received **MUST** be returned prior to receiving any refunds.

➤ ANY EXCEPTION TO THIS POLICY MUST HAVE THE APPROVAL OF THE NMM VIKINGS BOARD OF DIRECTORS. (SUCH AS WEIGHT/AGE ISSUES). Please contact president Andy D'Angelo for such approval.

➤ **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

March 5, 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

NMM Pop Warner Use only:

Equipment returned: Yes No

Received and approved by: _____

Title/Position _____

Date of Receipt _____

