



City of Florence Athletic & Sports Tourism Department
513 Barnes Street
Florence, SC 29501

Date processed and completed (Staff):

Total refund (Staff) =
Invoice # (staff):
Acct. # (staff):

Refund Request Form [Please Print]

Sport requesting refund for:

Age group:

Parent/Guardian Name:

Youth Name (s):

Address for Refund check:

Contact Info for Parent/Guardian:

Email Address:

Phone Number (s):

Date of Refund Request:

Reason for Refund Request:

Parent/Guardian Signature:

Date:

Employee receiving Signature:

Date:

Athletic Director Signature:

Date: