

# Gig Harbor Little League

## Registration Reimbursement Request Form

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Gig Harbor Little League Player for whom you are seeking registration reimbursement. Please use one form for each player registration reimbursement you are seeking.

Name: \_\_\_\_\_ Team: \_\_\_\_\_

Softball or Baseball: \_\_\_\_\_ Full or partial reimbursement: \_\_\_\_\_

### Games you umpired during the Little League Season

Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____
Date: _____	Teams: _____

\*\*\*\*\*League Use Only\*\*\*\*\*

Amount to be Refunded: \_\_\_\_\_

