

Middle School Athletic Fee Refund Request Form

Hastings Public Schools



*Building Bridges
To The Future*

Student Name _____

Parent Name _____

Address _____

Sport _____

Description (X)

Did not make Team _____ Quit Sport _____
(within 2 week trial period)

Injury _____ Other _____
(please specify)

Refund Amount \$ _____

Original Payment Method (X) FeePay _____

Signature _____
Parent

Date _____

Approved _____
Athletic Director

Date _____

Please Note:

Return this completed and signed form to the Middle School Athletic Office.
Form can also be faxed to 651-480-7143 or emailed to afairbanks@hastings.k12.mn.us.