

# 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)    Cash \_\_\_\_\_  
Check \_\_\_\_\_  
PaySchools \_\_\_\_\_

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](mailto:afairbanks@hastings.k12.mn.us).