



Refund Request Form

CHILD'S NAME: _____

LEAGUE NAME: _____

PARENT'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

REASON FOR RETURNING FOR REFUND:

Please mail the printed form and pictures to:

Sportography
Attn: Refund Dept
72 Grays Bridge Road
Brookfield, CT 06804

Please feel free to give us a call with any questions. 1 (877) 792-9257 Option 1.