

CYO/Camp Howard
Refund Request Form
(Use for Sports Registration Fees)

Please save and email, fax or mail completed form to:

CYO/Camp Howard
847 19th Ave. Suite 385
Portland, OR 97232
503-231-9484 (main) -- 503-231-9531 (fax)
billing@cyocamphoward.org

Participant's Name

Date

Parent's Name

E-mail

Address

City

State

Zip

Amount Requested

Refund Reason/Comments

Club

Sport

By checking the **Affidavit and Approval** box and submitting this form, I authorize the disbursement of funds from the Club fund indicated above. If the Submitter is also the Payee, the email must copy at least two Club board members, while cc'ing billing@cyocamphoward.org. At least one of the board members must confirm approval via separate email stating their acceptance of this check request and copying all recipients by selecting Reply All.

Affidavit and Approval

**Person Submitting
Form:**

QUESTIONS? Please contact the CYO Business Office for assistance.