

**REQUEST FOR REFUND**  
**Southwest Youth Athletic Association**  
**DBA Ken Berry**

*All requests are subject to approval by the Board of Directors of SYAA, dba Ken Berry League, and an administrative fee will be assessed.*

Baseball Division

Softball Division

**Reason for refund:**

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**ALL REQUESTS MUST BE APPROVED BY THE BOARD OF DIRECTORS OF SYAA, DBA KEN BERRY LEAGUE**

Child Name \_\_\_\_\_

Requestor Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

**Please mail completed form to:**

SYAA, Inc.  
6021 SW 29th St  
Ste. A PMB 342  
Topeka, KS 66614

Approved:

Amount Approved: \$ \_\_\_\_\_

Not Approved: