

CANCELLATIONS BY SCHOOLS
REQUEST FOR REIMBURSEMENT OF ASSIGNMENT FEE
(FROM UNIT ASSIGNOR)

OFFICIALS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

FILL IN THE INFORMATION FOR EACH ASSIGNMENT THAT A SCHOOL CANCELLED.
(Exceptions include unavoidable problems such as, but not limited to rain, earthquake, and problems at the school)
(Do not list any game that you received full/partial payment)

1. SCHOOL: _____ GAME DATE: _____

Reason for cancellation: _____

Who did you talk to at the school _____

Date notified of cancellation: _____ Single game: _____ OR Doubleheader: _____

2. SCHOOL: _____ GAME DATE: _____

Reason for cancellation: _____

Who did you talk to at the school _____

Date notified of cancellation: _____ Single game: _____ OR Doubleheader: _____

3. SCHOOL: _____ GAME DATE: _____

Reason for cancellation: _____

Who did you talk to at the school _____

Date notified of cancellation: _____ Single game: _____ OR Doubleheader: _____

4. SCHOOL: _____ GAME DATE: _____

Reason for cancellation: _____

Who did you talk to at the school _____

Date notified of cancellation: _____ Single game: _____ OR Doubleheader: _____

PLEASE SEND TO UNIT ASSIGNOR, NO LATTER THAN JUNE 1ST.
ALL REFUNDS WILL BE APPLIED TO THE NEXT SEASON'S SCHEDULE