



**WASHINGTON STATE ATHLETICS
OFFICE OF COMPLIANCE
CAMP/CLINIC PARTICIPANT REFUND LIST**

Sport: _____

Coach: _____

Date(s) _____

1. Name: _____ Refund Amount: _____

Reason for Refund: _____

2. Name: _____ Refund Amount: _____

Reason for Refund: _____

3. Name: _____ Refund Amount: _____

Reason for Refund: _____

4. Name: _____ Refund Amount: _____

Reason for Refund: _____

5. Name: _____ Refund Amount: _____

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6. Name: _____ Refund Amount: _____

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7. Name: _____ Refund Amount: _____

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8. Name: _____ Refund Amount: _____

Reason for Refund: _____

9. Name: _____ Refund Amount: _____

Reason for Refund: _____

10. Name: _____ Refund Amount: _____

Reason for Refund: _____