**Elizabethtown Area Baseball Commission**

**P.O. Box 1716**

**Elizabethtown, KY 42702**

***EABC Player Payment Refund/ Payment Transfer***

**Player’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player’s Current League**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Team**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Amount**: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payment Type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check #** (*If applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please choose one of the following**:

\_\_\_\_\_\_ **I would like a full refund**

\_\_\_\_\_\_ **I would like to transfer my payment to the 2020 Fall Ball Season**

\_\_\_\_\_\_ **I would like to transfer my payment to the 2021 Spring Baseball Season** (*if transferring payment from T-Ball to 6yr olds or Major League to Babe Ruth you will NOT be responsible for paying the difference between League prices next year*)

\_\_\_\_\_\_ **I would like to donate my payment to EABC**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**  **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EABC Representative Signature**   **Date**