



SOUTHERN CALIFORNIA

### USTA/SCTA LEAGUE REFUND REQUEST

Name: \_\_\_\_\_ USTA#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Area: \_\_\_\_\_ Division/Age Group: \_\_\_\_\_ Team NTRP level: \_\_\_\_\_ Team #: \_\_\_\_\_

**Reason for refund request:**

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

Refund Policy: Players are eligible for a refund if no matches have been played or no defaults have been received. Only the Section League Registration fee of \$22.00 is refundable. Refunds will be available under the following circumstances:

- 1) When a team is not included in the League due to insufficient registrations and the Coordinator is unable to move the players to a different team. *The Coordinator must request the refund from the Section Office.*
- 2) When a player is injured or becomes ill and will be unable to play for the season. *The player must request the refund no later than one week following the team's first scheduled match and it must be accompanied by documentation from the physician.* The player must fill out this form and send by e-mail, Fax or US Mail to:

gastro@scta.usta.com  
 FAX: 310-824-7691  
 SCTA  
 P.O. Box 240015  
 Los Angeles, CA 90024-9115  
 Attn: Leagues Department