



FYSA 2012 STATE CUP TEAM BOND REFUND

RE: _____
(Full Affiliate Team Code – eg: X4FYS9999MC1)

FULL NAME: _____

ADDRESS: _____

(Full Name and Address where check is to be made payable & sent)

IF THE STATE CUP BOND IS TO BE RETURNED TO AN INDIVIDUAL TEAM, THEN AUTHORIZATION NEEDS TO BE FAXED TO THE STATE OFFICE (863-268-8221), ATTENTION – CARMEN, NO LATER THAN **MARCH 12th, 2012**. **IF BOND/S IS/ARE TO BE RETURNED TO CLUB, NO FAX NOTIFICATION IS REQUIRED.**

AUTHORISATION SIGNATURE FOR TEAM REFUND IS REQUIRED BY BOTH THE TEAM COACH/REPRESENTATIVE AND CLUB AGENT OF RECORD.

SIGNATURE, DATE
TEAM COACH/REPRESENTATIVE

NAME (Please Print), DATE
TEAM COACH/REPRESENTATIVE

SIGNATURE, DATE
CLUB AGENT OF RECORD

NAME (Please Print), DATE
CLUB AGENT OF RECORD

If there is a change in address prior to check being cut, inform the bookkeeper at cmassey@fysa.com or fax – 863-268-8221