GAMES FEES CREDIT APPLICATION

Athletes being scratched from competition must be submitted to the SOMN State Office by the scratch deadline prior to the games/tournament to receive automatic credit. Scratches after this date will require approval before credit is given and will only be approved for emergency situations.

To obtain credit for athletes being scratched, this form must be completed and submitted to the State Office no later than thirty (30) days after the games/tournament.

Date:	Co	ompetition:	
Delegation:	A	rea:	
Head Coach:			
	Ev		
Reason for Scratch:			
Amount to be Refunded: \$_		gnature of person completing	g this form
If approved, your refund w	ill be credited to your delegati	ion's centralized account.	
Name:			
Address:			
City, State, Zip:			
 E-mail:			
Send Completed Form to:	SOMN 900 2nd Ave South, Suite 30 Minneapolis, MN 55402	00	
FOR OFFICE USE ONLY	Y		
Approved By	Date	Date Refunded	Check Number