

Minnetonka High School  
 Activities Department  
 18301 West Highway 7  
 Minnetonka, MN 55345  
 Fax 952-401-5905

**Refund Request Form**  
 (please print clearly)

Student Name	Grade	Sport/Activity	Home Phone

Refund Requested:	
MHS Participation fee (\$75.00)	
Activity Fee (list amount)	
Total Refund Requested	

Reason for Refund:

Check Payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*If you paid by credit card, your refund will be issued back to the original credit card*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Activities Office use only	
Date Removed From Roster _____	
Date Original Payment Verified _____	
Code	Amount
Total Refund	
Approved _____	Date _____

PLEASE SUBMIT TO MHS ACTIVITIES OFFICE