

# ***BBSA REGISTRATION REFUND FORM***

***TO HELP THE BBSA BETTER PROCESS REFUNDS, WE WILL REQUIRE THE FOLLOWING INFORMATION:***

***- COPY OF REGISTRATION FORM AND / OR COPY OF CANCELLED CHECK***

**WHO TO MAKE REFUND CHECK OUT TO: \_\_\_\_\_**

1. DATE: \_\_\_\_\_

2. NAME: \_\_\_\_\_

3. ADDRESS: \_\_\_\_\_

4. CITY/STATE: \_\_\_\_\_

5. PHONE NUMBER: \_\_\_\_\_

6. CHILD REFUND IS FOR: \_\_\_\_\_

7. CHILDS DATE OF BIRTH AND GRADE: \_\_\_\_\_

MAIL TO:  
BBSA  
P.O. BOX 871  
BURLINGTON MA  
01803