



BIG LEAGUE DREAMS- PLAYER/TEAM REFUND- **CATHEDRAL CITY**

In March of 2020, Big League Dreams was forced to close due to COVID-19 government restrictions.

We understand that this sudden closure has caused uncertainty and hardship for our customers and staff.

Big League Dreams has made a business decision to no longer offer Softball or Soccer leagues at our facility. We will continue to be open for tournaments and special events.

Due to the lapse of time that transpired, we feel that it is prudent and fair for BLD to offer refunds to all customers for leagues that have not been able to be completed.

If a team is interested in playing league in one of our other facilities (Perris, Jurupa, Chino Hills), we would be happy to give you credit for those leagues.

Below is a refund policy/procedure that you can follow:

1. Fill out our refund request form completely with all information requested.
2. BLD will review the refund request and confirm the amount of refund due based on the information outlined below and mail a refund check directly to you.
3. Refund requests will expire on 12/31/21
4. Email/scan the refund request directly to the following email:
refund@bigleaguedreams.com

Our normal refund policy is based on the amount of games actually played vs the total number of regular season games (9).

Due to this unforeseen issue, BLD has come up with what we feel is a fair refund policy. These refunds will be based on actual money paid.

- If your team has played 4 weeks or less, a full refund will be given.
- If your team has played 5 weeks or more, a 50% refund will be given.
- No refund will be issued if you have played 9 regular season games. (No refund for teams that were due to play only playoff week)



TEAM/PLAYER REFUND REQUEST FORM CATHEDRAL CITY

Please fill out all information below and email form to: refund@bigleaguedreams.com

(Please write legibly)

Sport: Softball _____ Soccer _____ Night _____

Team Name: _____

Player Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Email Address: _____

Please provide information on the amount paid along with dates and whether paid by Credit Card, Cash or Check. Also provide information on the amounts paid separately for Team or Players fees.

Date Paid: _____

Team Fee Amount Paid: _____

Players Fee Paid: _____

Payment made by (cash/check/Credit Card: _____ Debit Card _____ (Statement Copy required)

All refund requests will be verified through our player registration system and you will be contacted if there are any questions. All refunds will be processed based on our Policy that has been posted and sent via check in a timely manner to the address provided. In some cases, refunds may need to be issued directly to the coach if it cannot be determined all individual payments.

Office use only: Refund Amount \$ _____ Date Approved: _____ Approval: _____