



REFUND REQUEST

PLEASE COMPLETE THIS FORM WHERE APPROPRIATE AND RETURN TO THE SOCCER CLUB OFFICE

PLAYER'S NAME _____

PLAYER'S DATE OF BIRTH _____
DD /MM /YYYY

PLAYER'S ADDRESS _____
STREET _____ CITY _____

POSTAL CODE _____ HOME PHONE NO: _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

REASON FOR REFUND _____

TREASURER'S SIGNATURE _____

DATE CHEQUE ISSUED _____

ORDER # _____

AMOUNT PAID _____

AIMS Registered Yes No

Uniform Ordered Yes No

Can Uniform be Cancelled/Used Yes No

AMOUNT OF REFUND _____

REFUND WILL BE PROCESSED WITHIN TWO (2) WEEKS OF CLUB RECEIVING REFUND REQUEST