





REQUEST FOR REFUND

(Complete one request for each player)

-  ALL requests for refunds must be in writing using this form.
-  No refunds will be issued after your child has been placed on a team and/or after October 1st.
-  A \$15.00 fee will be deducted from all registration refunds.
-  Refund checks will be mailed after October 15th.

**Completed forms must be placed in the Soccer Cart or mailed to:
P.O. Box 2014, Santa Clara 95055**

Request Date: _____

Player Name: _____

Parent/Guardian Name: _____

Player Address: _____

Player Phone: _____

Reason for Refund: _____

TO BE COMPLETED by the League Registrar:

Coordinator approval: _____

Registrar approval: _____

Reg Fee Paid \$ _____

Player #: _____ AgeGroup: _____

less <\$15.00>

Team Name/Number: _____

Refund Amt \$: _____

Approved:

Refused:

Date Refund Issued: _____ Check #: _____