

Registration Refund Form



Player Name: Parent: Permanent Mailing Address: _____ _____ Email: _____ Home Phone #: (____) _____	Age Group/Team Name/Level/: (e.g U18-Gold 2 – United FC) _____ Coach (please print): _____ Date Requested: _____
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Equipment Return verification: (confirm applicable sections by checking box & then sign)

Jersey <input type="checkbox"/>	Player card <input type="checkbox"/>
Goalie jersey <input type="checkbox"/>	Shorts <input type="checkbox"/>
Goalie gloves <input type="checkbox"/>	other _____ <input type="checkbox"/>
Coach's Signature: _____	Forward to Age Group Coordinator (AGC) <input type="checkbox"/>
AGC's Signature: _____	Forward to Registrar <input type="checkbox"/>

Registrar: (confirm applicable sections by checking box & then sign)

Registration fee was paid by cheque <input type="checkbox"/>	Registration fee paid by credit card <input type="checkbox"/>
Registration fee paid by cash <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Player Card returned <input type="checkbox"/>	
Registration paid by: _____	
Signature: _____	Forward to Treasurer <input type="checkbox"/>

Treasurer: (confirm applicable sections by checking box & then sign)

Registration fee was processed to Wesburn Account (cheque not returned NSF)

Amount Received _____

Less:

any processing fees _____

any NSF banking fees _____

any equipment assessment (detail on reverse of form) _____

Refund Amount _____

Cheque Issued: _____ Date _____ Treasurer _____