



Waterloo Minor Soccer Club  
**Member Refund/Credit Form**

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**PROVINCE:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PLAYER NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GENDER: M F**

**PROGRAM:** \_\_\_\_\_ **REQUEST: CREDIT REFUND**

**REASON FOR REFUND/CREDIT REQUEST:**

Please note the following conditions:

- All **REFUNDS** are subject to a \$40 administrative fee/ **CREDITS** are exempt from the administrative fee;
- Requests received after program start *may* be subject to a fair pro-rate;
- Requests related to season ending injuries or other medical/compassionate reason, a doctor's note may be requested;

Once the form has been completed:

- Please scan/email your signed form to [luz@waterloounited.com](mailto:luz@waterloounited.com);
- Please allow 30 days for processing;
- Refunds will be processed by credit card (if paid online) or by cheque, mailed to the address listed above.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

OFFICE USE ONLY			
REFUND   CREDIT	TOTAL FEE PAID: \$ _____	DATE PAID: _____	PAYMENT METHOD: _____
RETURN AMOUNT: _____	VARIANCE EXPLANATION: _____	REFUND METHOD: _____	
AUTHORIZED BY: _____			