



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:

Once the form has been completed:

- Please scan/email your signed form to 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: _____