



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

DATE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ **CITY:** _____

PROVINCE: _____ **POSTAL CODE:** _____

PHONE: _____ **EMAIL:** _____

PLAYER NAME: _____ **DOB:** _____ **GENDER:** _____

PROGRAM: _____ **REQUEST:** **CREDIT** **REFUND**

REASON FOR REFUND/CREDIT REQUEST:

Please note the following conditions:

- All **REFUNDS** are subject to a \$50 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;
- There will be no refund/credit of registration fees from 7 days after the program start date.

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: _____