

## **Terrell Soccer Association Refund Request Form**.

PLAYERS DETAILS – All details must be completed.						
Last Name		First Na	me			
Address						
		Post Co	de			
Phone		Team:				
Date Request Submitted:	-					
REASON FOR REFUND: A	refund cannot be requ	ested if a	player ha	s trained/ trialed	l or pl	layed in any games.
OFFICE USE ONLY: All information needs to be checked and approved before refund is given.						
Original Receipt No.	inecked an	a approv	ed before refund	i is gi	ven.	
Amount Paid in Full:		ф.				
		\$				
Less Deductions:						
					_	
REFUND APPROVED?						
	d but the Committee					
Has the refund been approved by the Committee? (Please circle):		YES / NO				
Signed by Registrar:						
Signed by Treasurer:						
Signed by Secretary:						
Refund Receipt:			Amount	::		\$

Request for refunds close on April 15<sup>th</sup> in Spring Season & Oct. 15 in Fall Season it is the responsibility of the player or player's guardian to request a refund. Request can be emailed to <a href="Mighty-Mighty-Mighty-Mighty-Mighty-Mighty-Mighty-Hollow) Mighty-Migh