

Eastern Eagles - Refund Request Form

Player Name

Gender

M

F

Age Level

U5

U7

U9

U11

U13

U15

U18

U21

Sr

Reason for the refund request?

Did the player participate in any games this season? If yes, how many?

Did the player participate in any practices or other training this season?
If yes, how many sessions did he/she attend?

Name of person on refund cheque

Signature (Parent or player if over 18)

Date

Complex Manager Signature

Date

Approval Signature (President or Age Director)

Date

Treasurer

Date