

Eastside Youth Soccer Association Inc.

Request for Refund of Registration Fees Mail completed form to: Box 407 Unit 8B 3110 8th Street East Saskatoon SK S7H 0W2

Allow 6-8 weeks for processing

This form must be completed and signed by the applicant **and** the coordinator, coach, or manager for the age group or

am.					
Date					
Name					
Address This is where the refu	ind will be mailed				
City		Prov	Postal Code		
Home Phone		Cell			
Email address					
Player Name					
Team Name		Coach			
Assistant Coach		Manager			
Age Group		Div	Gender M /	F	
 Date of Last Game Played: I understand and agree that: 1. Refunds requested after regi U5-U9: \$25 					
 U11-U17: \$35.00 (before assessments) U19: \$50 Eastside kit fee is non-refund doctor's note) shall receive a were not able to play, without 	able. Players withdrawin refund of their registratic it any deduction for an ad	ng as a result of inju on fee pro-rated fo Iministration fee.	ury (which must be sup r the balance of the sea	ported by a ason that they	
 During the first half of the sea balance remaining after adm issued. 			-		
 There is no refund of any tea for team fees you have paid. No refund shall be given whe 	Contact your team manag	ger to arrange refu	ind of team fees.	o reimburse you	
Date	Signature of Applica				
Date	I certify that the infor	I certify that the information on this form is correct and the jersey and all equipment has been returned.			
	Signature of Coordin	ator, Coach or Ma	nager		
Office Use: Approved by:	Date:		ed refund amount:	1	