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| **Edson Minor Soccer Association**    **Request for Refund** |



**Policy**: A full refund will be given only if the league is canceled due to insufficient registration. Refund requests other than insufficient registration numbers must be made in writing and submitted on this form. All requests will be reviewed and refunded at the sole discretion of board members.

**Deadline**: Refund Requests must be made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Eligibility**: The person who made the original payment may receive a refund, less the processing fee, if approved by the Edson Minor Soccer Executive. Medical refunds will be prorated based on the number of games remaining in the season at the time the request for refund was received.

**Processing Fee:** A **$15.00** processing fee will be deducted prior to the payment of any funds.

**Payment of Refund:** Refund cheques will be issued by the last day of May, for the Outdoor Season.

Please complete and submit this form by **\_\_\_\_\_\_\_\_\_\_** to this address:

Edson Minor Soccer Association

PO Box 7894

Edson AB T7E 1V9

Name of individual who paid for original registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s age group & league: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount and date of original payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt # of original payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (to send refund): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved on behalf of the Board:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Board Member) (Date)