



Futbol Club Regina

1700 Elphinstone St.
Box 27088
Regina, SK
S4R 8R8
Phone: 306-352-8040

Refund Request Application

Player's Name: _____
Guardian's Name (youth players): _____
1st Team Registered With: _____
2nd Team Registered With: _____
Address: _____
City/Prov: _____
Postal Code: _____
Email: _____

Reason For Request:

- Injured
- Medical
- Moving
- Scheduling Conflicts
- Other: _____

FOR OFFICE USE
ONLY

Date received by RSA Office: _____
Original Amount Paid: _____
Original Method of Payment: _____
Refund Amount: _____
Refund Method: _____