



Swift Current Soccer Association

www.swiftcurrentsoccer.ca

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Phone: (306)774-6774

Email: swiftcurrentsoccer@gmail.com

REFUND REQUEST APPLICATION

DATE: _____

PLAYER'S NAME: _____

GUARDIAN'S NAME (youth players): _____

EMAIL: _____

AGE DIVISION: _____

HOUSE LEAGUE

UNITED

PLEASE STATE REASON FOR REFUND REQUEST:

please attach Physician's note if request is due to injury

FOR OFFICE USE ONLY

Date request received: _____

Original amount paid: _____

Method of payment: _____

Refund amount: _____

Refund Method: _____

Signature of SCSA representative: _____