



Yorkton United FC

Box 121

Yorkton, SK S3N 2V6

registrar@yorktonunitedfc.ca

Refund Request Application

Player's Name: _____

Guardian's Name (Youth Players): _____

Address: _____

City/Prov: _____

Postal Code: _____

Email: _____

Team Registered With: _____

- Player is withdrawing from:
- Both Club and Community Soccer
 - Club Soccer Only
 - Community Soccer (if playing Club soccer, player cannot withdraw from Community program)

Reason for Request:

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

FOR OFFICE USE ONLY

Date received by YUFC Registrar: _____

Original Amount Paid: _____

Original Amount of Payment: _____

Refund Amount: _____

Cheque # issued: _____