

# McCracken County Youth Soccer

Date: \_\_\_\_\_  
Refund Amount: \_\_\_\_\_

Payment Verified \_\_\_\_\_  
Date Refund Issued \_\_\_\_\_

## Refund Request Form – Recreational Fall 2017 Season

**Recreational Refund Policy:** Please mail a self-addressed stamped envelope along with this completed form. Refund requests should be sent to the attention of the Registrar and must be postmarked by September 23rd, 2017. Requests postmarked on or before this date will be issued after the start of the season minus a \$5 administrative fee.

Any requests postmarked after September 23rd, 2017, will not be honored.

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Payment Method: Credit Card-  CASH-  Personal Check-

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

\_\_\_\_\_

Send refund to the address above: \_\_\_\_ Yes \_\_\_\_ No

Send refund to the following address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_