



CALGARY FOOTHILLS SOCCER CLUB

REFUND REQUEST FORM

Player Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Reason for Refund request: _____

Refund Cheque should be made payable to: _____

**** If your Refund Request is due to injury:**

All Refund Requests due to injury must be accompanied by a signed note from a Medical practitioner that includes the following information;

1. Date the injury occurred
2. Nature of the injury
3. Medical Practitioner **MUST** indicate that the injury is season-ending for the player

EMAIL completed form to: foothills@telus.net

Signature of Parent/Guardian

Date

For office use only:

Date Received: _____
Date Approved/Declined: _____ By: _____
Amount Approved: _____ By: _____
Cheque Number: _____ Date Issued: _____