



Calgary Foothills Soccer Club REFUND REQUEST FORM

Date _____

Player Name _____

Age group registered in _____

Phone _____

Email _____

Address _____

Reason for Refund request:	Amount
_____	_____
_____	_____
_____	_____

*** If your refund 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: admin@gfoothills.ca

Signature of Parent/Guardian

For office use only		
Date		
Received	_____ Approved/Declined _____	Date _____
Budget		
Category	_____	