



REFUND REQUEST FORM (REVISED 04/18/2009)

Player's Last Name: _____ Player's First Name: _____

Player's DOB: _____ Amount paid: _____ Date Submitted: _____

PARENT OR GAURDIAN WHO REGISTERED THE PLAYER

Last Name: _____ First Name: _____

Address refund should be mailed to:

City: _____ ST: _____ ZIP: _____

Reason For Refund Request, Select one:

<input type="checkbox"/>	The player has a medical release from a certified medical professional specifically stating that the player is not to have physical or contact activities. A copy of the release must be provided with the refund request.
<input type="checkbox"/>	The player relocated prior to the season/year of play to an address outside of a twenty five mile radius (as the crow flies) of the player's home field.
<input type="checkbox"/>	The player registered for a program and age group and that program and age group does not have enough players participating or that program and age group does not have an open roster position for an additional player.
<input type="checkbox"/>	Other. Please describe below:

Please mail form to:

Clay County Soccer Club
PO BOX 9148
Attn: Treasurer
Orange Park, FL. 32006