

USF REAL SOCCER CLUB REFUND REQUEST FORM

Fill out form (PLEASE PRINT CLEARLY) and mail to:

USF REAL Soccer Club – Refund
1547 North State St. #135
Greenfield, IN 46140

IMPORTANT NOTICE REGARDING REFUNDS AMOUNTS:

The amount of the refund issued to you is dependent upon the date your refund was submitted and the reason for your request. Please be sure that you understand the USF Real Refund Policy on our website. Refund request that are made after USF Real has paid certain fees on behalf of your child will have those fees deducted from your refund amount. Late fees are non-refundable

Player Full Name:

Street Address:

City:

Zip:

Phone: ()

Email:

Age Group:

(Circle one) MALE / FEMALE

Team Name:

A Refund is being requested for:

Fall / Spring

Winter

Year 20____

Parent/Guardian Full Name:

Reason for Refund Request (supplying details helps us process your request, use back of sheet if needed):

Medical refund request must include a signed doctors note stating length of time

Parent/Guardian Signature:

Date: ____/____/____

The Following Section is for use by USF REAL personnel only:

Refund Deductions:

Administrative Fee - \$\$\$

USF Real Insurance Fee - \$\$\$

League Fee - \$\$\$

Credit Card Fees - \$\$\$

Indiana Soccer Fee - \$\$\$

Refund requested X weeks prior to start of season: Yes No

Vice President Signature:	Authorized Refund
Treasurer Signature:	Amount: \$ _____ Date: _____