

ALVIN YOUTH SOCCER CLUB

Refund Request

Requested By: _____ Date: _____
Parental Signature: _____
Players Name: _____ ID #: _____
Season: _____
Amount Paid: _____ Cash / Check
Reason for Refund: _____
Mailing Address: _____

Approval by Board:

Registrar's Approval:	_____	Amount Collected
_____	_____	Form of Payment
Signature	_____	Date of Deposit
Fundraiser's Approval:	_____	Raffle Money Collected
_____	_____	Form of Payment
Signature	_____	Date of Deposit
	Yes / No	Raffle Tickets Returned?
Treasurer's Approval:	_____	
_____	Yes / No	Payment Cleared?
Signature		

PAID - Amount Refunded: _____

Date: _____ Check No.: _____