

**TYLER SOCCER ASSOCIATION
REQUEST FOR PLAYER REFUND**

As the parent/legal guardian of _____ assigned to:
Name of Player

Team Name: _____ Players date of birth: ____ / ____ / ____

Boys: U5 U6 U7 U8 U9 U10 U12 U14 U16 U19

Girls: U5 U6 U7 U8 U9 U10 U12 U14 U16 U19

Reason for refund: _____

Original payment made by: (check one, if paid by Credit Card you must provide card # and exp date)

Cash ___ Check ___ Check # _____

Credit Card _____ CC# _____ exp date: _____

Mail my refund to:

Name: _____

Address: _____

City, St, Zip: _____

I am requesting a refund for the above named player, and with my signature, I affirm that this player has not practiced with or played a game with his/her assigned team during this season.

Name: _____ Phone: _____
Parent/Legal Guardian (please print)

Signature: _____ Date: _____

OFFICE USE ONLY:

Payment verified by: _____ and notice forwarded to:

Coordinator: _____ Date: _____

Treasurer: _____ Date: _____

Refund issued and mailed on date: ____ / ____ / ____