

Sporting Columbia SC Refund Request Form

Parent Name(s): _____

Address: _____

Email: _____ Phone: _____

Player Name: _____ Team: _____

Program: Recreational U_____ Competitive U_____

Reason for refund request:

Please review refund policy provided during registration and confirmation email prior to submitting request.

Please note:

Refund subject to approval

Refund not guaranteed

All requests will be reviewed and considered

Deadline to submit:

*Requests received by November 1st will be refunded on or before December 1st or first business day of the month and mailed by December 15th if applicable.

*Requests received after November 1st will be refunded on or before March 15th or the next business day.

Remit form to:

Sporting Columbia SC

PO Box 7506

Columbia MO 65203

I have read the refund policy provided during registration and confirmation and believe my request meets requirements for review.

Name: _____ Date: _____