



REQUEST FOR REFUND FORM

2020 HOUSE LEAGUE

****A separate form should be completed for each player****

Please print:

Player Name: _____

Players' Date of Birth: _____ Gender: M / F

Registration Fee paid: \$ _____

REFUND DETAILS:

Registration Fee: \$ _____

Less Admin Fee: \$50.00

Net Refund: \$ _____

Name of Parent requesting Refund: _____

Date: _____

Please send by Mail to:

1071 Midland Avenue, Ste 203, Toronto, ON M1K 4G7

OR

Send by Email to: creditrefund@blizzardsoccer.com

OFFICE USE ONLY	
Date Processed:	
Refund Cheque #:	
Processed by:	

Thank you for your patience and wishing you a safe and great summer!