



House League Refund Request Form

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www.waterloominorsoccer.com

Player Information

(please print clearly)

Last name	First Name	DOB	M/F
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Address _____
Street/City/Postal Code

Telephone () _____ cell () _____

Email _____

Parent/Guardian Name _____
Last First

Did you register online? Yes / No (Please circle one)

Reason for Refund _____

Amount of Payment _____ Method of Payment _____

Parent/Guardian Signature _____

Date _____

For Club Officials Only

Refund Amount \$ _____

Registrars Signature _____

Refund Issued by _____

Date _____