



REFUND REQUEST FORM

Name of Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Date: _____

Name of Player: _____

Age Group: _____ Name of Team's Community: _____

Reason for Refund Request: _____

Original Form of Payment: _____ Date of Payment: _____

Refunds requests will be reviewed and are subject to refund policy of Edmonton Southeast Soccer Association.

Please email the completed form to: admin@southeastsoccer.ca