



Waterloo Minor Soccer Club  
Member Refund Form

DATE:

PARENT/GUARDIAN NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE:

EMAIL:

PLAYER NAME:

DOB:

GENDER: M F

PROGRAM:

REASON FOR REFUND REQUEST:

Please note all refunds are subject to a \$40 administrative fee. If your refund request is due to an injury or other medical/compassionate reason, a doctor's note may be requested. In rare instances, the administrative fee may be reduced or waived. Please contact the Executive Director if you wish to discuss the Administrative fee.

Once this form has been completed, please:

- scan/email signed form to [wmsc@waterloounited.com](mailto:wmsc@waterloounited.com) or drop off to 2001 University Avenue S;
- Allow 30 days for processing;
- Refunds will be processed by credit card (if paid online) or by cheque, mailed to the address listed above.

PARENT/GUARDIAN SIGNATURE:

**OFFICE USE ONLY**

APPROVED | DENIED    FEE PAID: \$ \_\_\_\_\_    DATE PAID: \_\_\_\_\_    PAYMENT METHOD: \_\_\_\_\_

REFUND AMOUNT: \_\_\_\_\_    VARIANCE EXPLANATION: \_\_\_\_\_    REFUND METHOD: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_