



Refund Request

The registration fee depends on the season and the designated level of the Juniors program. The following are the fees:

- 1) Albion Juniors SPRING: ____ (Year) \$ _____
- 2) Albion Juniors FALL: ____ (Year) \$ _____
- 3) Albion Juniors ACADEMY: ____ (Year) \$ _____

** Refunds involving special circumstances will be determined on a case-by-case basis at the sole discretion of the BOD.*

Email to:

chris.cesa@peninsulasoccer.org

Players Name: _____ Team: _____ Date: _____
Print name

Refund Requested by Parent or Guardian: _____
Print name

Refund Requested by: _____ Date: _____
Signature

Reason for refund request:

Amount Requested: \$ _____ Adjusted Amount: \$ _____

A \$10 administrative fee will be applied to all refunds requested after the season begins. Allow two to three weeks for processing.

Send check to:

Payable Name _____

Address: _____

City: _____ State: _____ Zip code: _____

Juniors Director Signature: _____ Date: _____

PSL T.D. Signature: _____ Date: _____

PSL Check # _____ Amount Refunded \$ _____ Date: _____

Deliver the completed refund form to Chris Cesa via email or mail to:

Peninsula Soccer League
ICO: Albion Juniors Director
Financial Committee P.O. Box 7551
San Diego, CA 92167