

ALBION SOCCER CLUB

Refund Request

The initial \$395 fee paid at registration is non refundable. Refunds for the balance of Club fees are as follows

75% refund if request received before July 1.

50% if request received after July 1 and before Roster Freeze Date.

No refund after Roster Freeze Date

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

Email to: albionsc@san.rr.com

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 \$30 administrative fee will be applied to all refunds. Allow two to three weeks for processing.

Send check to:

Payable Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

PSL T.D. signature: _____ Date: _____

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

Deliver the completed refund form to Noah Gins via email or mail to:

Peninsula Soccer League
Financial Committee
P.O. Box 6866
San Diego, CA 92166