

HAVELOCK YOUTH SOCCER ASSOCIATION

P.O. Box 671
Havelock, NC 28532
Refund Request Form

Date of Request: _____

- Fall- Amount Paid \$ _____
- Spring- Amount Paid \$ _____
- Other (please describe) _____ Amount Paid \$ _____

Player's Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____ Email: _____

Reason For Refund (subject to board approval)

"I don't like the coach" and "schedule conflicts" are not valid reasons for refund

- Moving out of area
- Preseason injury (please attach copy of doctor's note)
- Change of mind
- Overpayment (please describe) _____
- Other (please describe) _____

All refund requests are subject to a \$25 processing fee and will be processed within 30 days of the soccer season's first scheduled game. Late fees, donations, sponsorships and merchandise are non refundable.

By signing below I acknowledge that I may not receive a full refund of fees paid.

Parent Signature: _____ Date: _____

Mail form to: HYSA P.O. Box 671, Havelock NC 28532

Email Request to: havelocksoccer@gmail.com

Club Use Only: Date Received: _____ Refund \$ _____ Registrar: _____ Treasurer: _____ Date Processed: _____ Notes: _____

