

Naugatuck Youth Soccer Refund Request

www.NaugatuckSoccer.org

Please Print - Fill out Sections 1 & 2

1) Player Information:

_____	_____	_____	<input type="checkbox"/> Male
Player's Last Name	Player's First Name	Middle Initial	<input type="checkbox"/> Female
_____	_____	_____	_____
Address	Apt/Unit#	City	State ZIP
_____	____/____/____		
Home Telephone Number	Date of Birth		

Reason for refund request _____

2) Parent/Guardian Information (where refund will be mailed):

Parent/Guardian Name				
_____	_____	_____	_____	_____
Address	Apt/Unit#	City	State	ZIP

Home Telephone Number				

REFUND POLICY: Requests for refunds must be made in writing or on the Refund Request Form that can be downloaded from the NYS web site. Full refunds will be given if the request is received up to two weeks prior to season beginning. Requests received within those two weeks will be eligible for a partial refund (registration fee less league expenses). **No refunds will be given after the start of the season.** Special considerations to be reviewed by the NYS Board of Directors on a case by case basis.

RETURNED CHECK POLICY: All returned checks will be assessed a penalty fee based on current returned check fee charged by our bank.

I have read and understand the Naugatuck Youth Soccer refund policy No Yes

_____	_____	_____	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
Print Name	Signature	Date		

For League Use Only:

Did player receive uniform? No Yes

Did player participate in practice or games? No Yes

Registrar:

Refund Approved? Yes No _____

Registrar signature _____

Date _____

Treasurer:

Check Info: Refund Amount \$ _____ Refund Check Number _____ Date _____

Treasurer signature _____

Date _____