

Date: \_\_\_\_\_

Name of Soccer League:  
Address:

**Request for Refund**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My child/children named above are currently registered for the \_\_\_\_\_ Soccer program. I wish to cancel this registration and request a refund of the fees paid. My child/children have not participated in any practices or games for the season. Enclosed please find a photocopy of the front and back of the canceled registration fee check.

Please make the check payable to the name listed below & forward it to the following mailing address:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

Thank you for your prompt attention to this request.

Sincerely,