



Tri-City Soccer Association
P.O. Box 478
Newcastle, OK 73065
(405) 699-7370
www.tcsasoccer.org

REFUND REQUEST FORM

Date of Request: _____

_____ (Amount Paid)

_____ (Amount Paid)

Other: _____

Player's Name: _____

Parent's Name: _____

Person's Name Who Paid: _____

Phone #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

REASON FOR REFUND (Subject to club approval)

Moving Out of Area

Pre Season Injury

Change of Mind (must be submitted at least 30 days prior to first game)

All refund requests are subject to a \$15.00 per player processing fee. No refunds will be made following the first game of the season. A full refund will be given to player who we can not place on a team. "I don't like the coach" and "scheduling conflicts" are not valid reasons for refund.

Parent/Guardian Signature: _____

Mail Request To:
Tri-City Soccer Association
P.O.Box 478
Newcastle, OK 73065

TO BE FILLED OUT BY CLUB

Processed by Registrar (Date) _____

Processed by Treasurer (Date) _____ Check # _____ Online C.C.: _____ Amount \$: _____