

Calgary Foothills Soccer Club Refund Request Form



Date: _____

Player Name: _____

Age group registered in: _____

Phone: _____

Email Address: _____

Reason for Refund request: _____ Amount: _____

*** If your refund is due to injury: All refund requests due to injury must be accompanied by a signed note from a medical practitioner that includes the following information:

1. Date the injury occurred
2. Nature of the injury
3. Medical Practitioner MUST indicate that the injury is season-ending for the player.

EMAIL completed form to: admin@gofoothills.ca

Signature of Parent/Guardian

For Office Use Only		
Date Received: _____	Approved/Declined: _____	Date: _____
Budget Category: _____	_____	