QUEST Youth Soccer Club

REFUND REQUEST

P.O. Box 534, Deer Park, Texas 77536 ▪ Web: www.questysc.org ▪ E-Mail: info@questysc.org

Mail completed form with proof of payment to P.O. Box 534, Deer Park, Texas 77536, Attn: Registrar

Important notice regarding refund amounts:

Players seeking a refund for the Fall season will receive 75% of the respective registration fee if the refund request is made after July 1st. Players seeking Fall season refund after August 1st will receive 50% of the registration fee. No Fall season refunds will be issued after August 15th unless the team does not form. A full 100% refund will be issued only if there are an insufficient number of players per Bay Area Youth Soccer Association guidelines or refund request is made before July 1st. There are no refunds issued for the Spring season unless a team does not form. **All refunds are subject to Executive Board approval.** All refunds are processed at the Board meetings which are held the second Sunday of each month. All refund requests must be submitted on this form.

Player's FULL Name: _____

Player's Date of Birth: _____ **Player's** School: _____

_____ _____ _____ _____
Street Address City State Zip Code

_____
Telephone Number

Date Registered: _____ Amount Paid: _____ How Paid: ☐ Check/Cash ☐ Money Order ☐ Credit Card

Registered Age Group:

☐ U5 ☐ U6 ☐ U7 ☐ U8 ☐ U9 ☐ U10 ☐ U11 ☐ U12 ☐ U13 ☐ U14 ☐ U15 ☐ U16 ☐ U17 ☐ U18 ☐ U19

Parent's/Guardian's FULL Name: _____
(Refund check will be issued in this name)

REASON FOR REFUND REQUEST:

☐ Moving out of area
☐ Pre-season injury
☐ Change of mind (must be submitted at least 30 days prior to first game)
☐ Other (Describe): _____

_____

Parent's or Guardian's Signature: _____ Date: _____

Notice regarding refund method:

If you paid by check / money order, this request must include proof of payment. Copies of BOTH sides of paid check or a copy of the money order used to pay this child's fee are required to process refund. If you paid for registration using a credit card, the approved refunded amount will be credited back to your credit card. Check refunds will be mailed to players address listed at registration.

THE FOLLOWING SECTION IS FOR USE BY QUEST Y.S.C. STAFF ONLY

☐ Refund Approved Refund Approval Date: _____ Refund Amount: $

☐ Credit Card Credit Date Credited: _____

☐ Refund Check Issued Date Issued: _____ Check Number: _____

☐ Refund Denied Refund Denial Date: _____

Comments: _____

_____