

AU★CAPITAL SOCCER CLUB

Refund/Withdrawal Request Form
Please note there is a \$35.00 processing fee

Parents Name:	Player Name:
Mailing Address:	Date of Request: Season (Example Fall 2009):
Reason:	Special Considerations:
Age Group Commissioner/ Select Team Coach:	Amt Paid by Family:
Type of Payment:	Refund Amount Requested:
Phone:	E-Mail Address:

<p>Office Use Only Check Distributed: _____ Date: _____ (check #) Account Credited: _____ Date: _____ (\$ amt)</p> <p>Approved By:</p>
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