

Satellite Beach Soccer Club, Inc.
P.O. Box 372615
Satellite Beach, Fl 32937



www.satellitebeachsoccer.org

Refund Request Form

Date of Request: _____

Spring Season – Amount Paid \$ _____

Fall Season – Amount Paid \$ _____

Other (describe) _____

Player's Name: _____

Parent's Name: _____

Address: _____

Address: _____

Phone#: _____

Email: _____

Reason for refund: (subject to club approval)

"I don't like the coach" and "schedule conflicts" are not valid reasons for refund.

Moving out of area

Pre Season Injury

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

Overpayment (describe) _____

Other (describe) _____

All refunds requests are subject to a \$20 per player processing fee. In order to receive a refund the players' uniform (if issued) must be returned in like new condition to avoid a uniform charge. I realize that not all fees are refundable. I may not receive a refund of the full amount paid if my child or the parent (if registered to coach) has already been registered with the state association or if the uniform could not be used otherwise. If withdrawal of your player forces the club to fold one or more teams, your fees will not be refunded. No refunds will be made following the first game of the season. Donations, sponsorships, new field fees, and merchandise are non-refundable.

Parent Signature (required) _____

Mail Request To:

Satellite Beach Soccer Club, Inc.

P.O. Box 372615

Satellite Beach, Fl 32937

Processed by Registrar – Date: _____

Processed by Treasurer – Date: _____ Check # _____ Amt \$ _____