



# Elk Rapids Soccer Club

## Refund Request Form

- If the teams have been formed, there will be no refund.
  - If before the first scheduled season game your child is injured and unable to finish the season due to a physician documented injury, a refund will be honored. (Refund requests due to injury must be made within 2 weeks of injury or illness and must have a doctor's note.)
- \*There will be no reimbursements of any kind on games or practices cancelled due to weather, acts of God or forfeits of opposing teams.  
\*Late payments are non-refundable.

If your refund request meets the above criteria, please complete the following information and email it to [brenda.henige@hp.com](mailto:brenda.henige@hp.com). All information is required to process your refund. Incomplete requests will not be processed.

Date of request: \_\_\_\_\_  
Competitive \_\_\_\_\_ Recreational \_\_\_\_\_ Season \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Parent's Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Age Group: \_\_\_\_\_  
Season: \_\_\_\_\_

### Reason for Request:

1. Injury or Illness (Please attach Doctor's note): \_\_\_\_\_
2. Other \_\_\_\_\_ (attach detail note)

**MANDATORY:** Form of Registration Payment circle one **Check** **Cash**

**If your refund is denied, you will be given written notice.**

**For office use only: Amt Paid: \_\_\_\_\_ Amt Refunded: \_\_\_\_\_ Check# \_\_\_\_\_ Date: \_\_\_\_\_**

