

# GREENFIELD SOCCER CLUB REFUND REQUEST FORM

Fill out form (PLEASE PRINT CLEARLY) and mail to:

Greenfield Soccer Club – Refund  
1547 North State St. #185  
Greenfield, IN 46140

## IMPORTANT NOTICE REGARDING REFUNDS AMOUNTS:

The amount of the refund issued to you is dependent upon the date your refund was submitted and the reason for your request. Please be sure that you understand the GASC Refund Policy on our website. Refund request that are made after GASC has paid certain fees on behalf of your child will have those fees deducted from your refund amount. Late fees are non-refundable

Player Full Name:

Street Address:

City:

Zip:

Phone: ( )

Email:

Age Group:

(Circle one) MALE / FEMALE

Team Name:

A Refund is being requested for:

Fall / Spring

Winter

Year 20\_\_\_\_\_

Parent/Guardian Full Name:

Reason for Refund Request (supplying details helps us process your request, use back of sheet if needed):

*Medical refund request must include a signed doctors note stating length of time*

Parent/Guardian Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## The Following Section is for use by GASC personnel only:

Refund Deductions:

Administrative Fee - \$\$\$

GASC Insurance Fee - \$\$\$

League Fee - \$\$\$

Credit Card Fees - \$\$\$

Indiana Soccer Fee - \$\$\$

Refund requested X weeks prior to start of season:  Yes  No

Vice President Signature:

Authorized Refund  
Amount: \$ \_\_\_\_\_

Treasurer Signature:

Date: \_\_\_\_\_