

CLUB FEE REFUND REQUEST FORM



TEAM (e.g. GU18 Gold 93): _____

TEAM ID: 210188- _____

DATE: _____

PLAYER NAME		REQUESTER'S NAME
PHONE	MAILING ADDRESS	
EMAIL ADDRESS		
INSTRUCTIONS		
Use this form only to request a refund of FCA Club Fees you paid. The Requester must be the player's parent on record. This form must be completed fully and be approved by the Team Treasurer. Mail the completed form to the FCA Treasurer (address available from Team Treasurer).		

AMOUNT OF REFUND REQUESTED: \$ _____

- REASON FOR REQUEST:
- Player Quit Team (Provide Date): _____
 - Player Over-Paid Required Amount: (**Provide Amount Paid: \$ _____**) & (**Required FCA Club Fee: \$ _____**)
 - Other (Provide Details in "Comments")

COMMENTS: _____

Requester's Signature

Team Treasurer's Signature