



# CLUB FEE REFUND REQUEST FORM

TEAM "Gender-Age Level" & "Name" (e.g., GU-15 White 89): \_\_\_\_\_

TEAM ID: 02-10-188- \_\_\_\_\_

DATE: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### INSTRUCTIONS

Use this form only to request a refund of FCA Club Fees you paid. No refunds generally made if Player quits after May 31. 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**