



## Victor Soccer Refund Request Form

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

Player Full Name (Please Print) \_\_\_\_\_

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

Town: \_\_\_\_\_ State: New York Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Age: \_\_\_\_\_ Gender: M F Amount Requested: \$ \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Justification for Request (describe extenuating circumstances) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

**Email:** [victorsoccerclubinfo@gmail.com](mailto:victorsoccerclubinfo@gmail.com) <OR>

**Mail to:**

Victor Soccer Club

P.O. Box 487

Victor, N.Y 14564

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### TO BE COMPLETED BY BOARD MEMBERS ONLY

Board Decision: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Credit: Approval / Denial / Does Not Apply

Refund: Approval / Denial

**Amount:** \_\_\_\_\_