



PGWSA REQUEST FOR REGISTRATION REFUND

Player Name: _____ **Team Name:** _____
Reason for Request: _____

Date of Last Game Played: _____

All refunds regarding team or player registration fees or performance bonds will be handled by the Executive.

Managers or players requesting a refund shall submit such requests to the League Registrar in writing.

Refunds will only be considered for medical reasons or other special circumstances that the Executive deems appropriate. All requests for refunds may or may not be approved. The League reserves the right to refuse a refund request for any reason.

Approved refunds will be granted according to the following schedule according to the player's last game played:

1. Before regular season play begins – full refund less the insurance fee paid.
2. In the first month of the season - Eighty Dollars (\$80.00)
3. In the second month of the season – Forty Dollars (\$40.00)
4. After 2 month of play are complete, no refunds will be considered

***Requests must be MAILED to the Executive before August 1st of this playing season.
Refunds will be mailed to the applicant.***

Please mail requests to the following address:

***PG Women's Soccer
PO Box 2871,
Prince George, BC V2N 4T7***

Date: _____

Player Signature: _____

Team Manager Signature: _____

Please mail refund to:

Office Use Only:

Approved (circle one)
Refund Given

Yes
Yes (amount) _____

No
No