



# CC United Competitive Travel REFUND REQUEST FORM



Today's Date: \_\_\_/\_\_\_/\_\_\_

Refund Amount Requested: \$ \_\_\_\_\_

Method Paid (circle one): Check / Cash / Credit Card

Amount Paid: Registration \$ \_\_\_\_\_

Check Number (if applicable): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Misc. \$ \_\_\_\_\_

Check Number (if applicable): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Misc. Description: \_\_\_\_\_

Player's Name & Team \_\_\_\_\_

Season (circle): Summer / Fall Year: \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Reason for refund (please do not include additional sheets): \_\_\_\_\_

**COMPETITIVE REFUND POLICY**

**All requests must be sent with this form prior to March 15<sup>th</sup> for summer league and August 15 for fall league.**

- Refunds are prorated and subject to applicable CC United policies
- ALL refunds are subject to a \$20 processing fee
- The 1<sup>st</sup> installment fee is completely non-refundable, except in the event that CC United cannot give a team placement
- The 1<sup>st</sup> installment fee can be applied to the Recreation season for any child deciding to move back to the Recreation program after the competitive tryout experience
- No refunds will be given to players registered for tryouts but did not attend
- Late fees are not refundable
- NO REFUNDS after March 15<sup>th</sup> for Summer Competitive
- Injured Summer Competitive player, with doctor's letter and this form prior to April 7, refund player fee less \$20 processing fee, uniform fees and prorated for any other applicable fees incurred during pre-season
- NO REFUNDS after August 15<sup>th</sup> for Fall Competitive, refund requests sent prior will be less \$20 processing fee and prorated for MYSA and coaching fees
- Recreation program after the competitive tryout experience
- If CC United cannot place a player on a team within CC United, 100% refund will be given

By submitting this form you relinquish any rights to roster within the CC United Soccer Club.

**Signature Required**

**Printed Name**

**Date**

**Send refund requests to: CC United, Refund Request, P.O. Box 1002, Chanhassen, MN 55317**

**For CCSC Office Use Only:**

Date Received: \_\_\_/\_\_\_/\_\_\_ Date Reviewed: \_\_\_/\_\_\_/\_\_\_ Reviewed By: \_\_\_\_\_

Refund Amount Approved: \$ \_\_\_\_\_ Refund Check Number: \_\_\_\_\_ Date Sent: \_\_\_/\_\_\_/\_\_\_