



Stingers Soccer Club – Refund Request Form

Date: _____

Age Group: _____

Coach: _____

Refund for Which Season (e.g. Fall 2009, Spring 2010): _____

Player Name: _____

Player Address: _____

Player Email: _____

Player Phone: _____

Make Check Payable To: _____

Reason for Refund: _____

Once form is complete, either mail to Stingers Office, or drop by office (after hours - lock-box outside)

Mailing Address:

Stingers Soccer Club
PO Box 850
Evergreen, CO 80437

Physical Address:

3959 Evergreen Parkway
Evergreen, CO 80439
(behind Evergreen Family Medical Building)
Phone: 303-594-2270

----- For Office Use Only -----

Registrar:

Approved or Not Approved: _____

Date: _____

Refund Amount: _____

Less Handling Fee: _____ **\$10.00** _____

Net Refund Amount: _____

Registrar's Signature: _____

Bookkeeper:

Refund Amount: _____

Check #: _____

Date Mailed: _____

Bookkeeper's Signature: _____
