

# Naugatuck Youth Soccer Refund Request

[www.NaugatuckSoccer.org](http://www.NaugatuckSoccer.org)

Please Print – Fill out Sections 1 & 2

Comp \_\_\_\_\_ DR \_\_\_\_\_

Age Group U- \_\_\_\_\_

## 1) Player Information:

Male

\_\_\_\_\_  
Player's Last Name

\_\_\_\_\_  
Player's First Name

\_\_\_\_\_  
Middle Initial

Female

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt/Unit #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Reason for Refund Request

## 2) Parent/Guardian Information (where refund will be mailed):

\_\_\_\_\_  
Parent/Guardian Last Name

\_\_\_\_\_  
Parent/Guardian First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt/Unit #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Season for Refund Request

\_\_\_\_\_  
Amount for Refund Request

**REFUND POLICY:** Requests for refunds must be made in writing or on the Refund Request Form that can be downloaded from the NYS web site. Full refunds, less discount if applicable, will be given if the request is received up to two weeks prior to the season beginning. Requests received within the two weeks will be eligible for a partial refund of 80%, less discount if applicable. Requests received up to 4 weeks after season starts will be eligible for a partial refund of 60%, less discount if applicable.

**No refunds will be given 4 weeks after the start of the season.**

**RETURNED CHECK POLICY:** All returned checks will be assessed a penalty fee based on the current returned check fee charged by our bank.

I have read and understand the Naugatuck Youth Soccer Refund Policy  Yes  No

Parent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Guardian

## For League Use Only:

Did player receive uniform?  Yes  No

Did player participate in practice or games?  Yes  No

Date Refund Request Received \_\_\_\_\_

### REGISTRAR:

Refund Approved?  Yes  No Reason if needed \_\_\_\_\_

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date

### TREASURER:

Check Info: Refund Amount \$ \_\_\_\_\_ Refund Check Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Date