**LARAMIE SOCCER CLUB**

**REFUND REQUEST FORM**

Refund requests will be considered based on the LSC refund policy. See policy for full details, [www.laramiesoccer.org](http://www.laramiesoccer.org) under the “about us” tab.

***Player Name:***

***Player Birthdate:       Gender: Male / Female***

***Program for which refund is being requested:***

**Please explain the circumstances that prevent the player from participating in the program.**

***Parent Name (if player is a minor):***

***Phone:***

***Email:***

**Date:**

**Requests should be emailed to:** admin@laramiesoccer.org

**The date stamp on the email will be used as the**

**determining date of receipt of the refund request.**

**Internal Use Only:**

**This request form must be signed by the LSC Director of Coaching as well as the team coach if the player is in the United Academy or United Travel program.**

**DOC Signature: Date:**

**Coach Signature: Date:**

Recommended refund amount for this family is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refund Processed via: (Credit Card) (Check)

Date Refund Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notified of Status via: (Emailed) (Called) (In-Person)

Date of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notifying LSC Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_