**LARAMIE SOCCER CLUB**

**REFUND REQUEST FORM**

Refund requests will be considered based on the LSC refund policy.

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: laramiesctreasurer@gmail.com

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_