

Refund Request Form

LINCOLN SOCCER CLUB
PO BOX 426, BEAMSVILLE ON LOR 1B0
905-563-3379
lincolnsoccer@cogeco.ca
www.lincolnsoccerclub.ca



Player Information

(failure to complete fully and clearly will result in a processing delay of your refund)

Last name	First Name	Date of Birth	M/F
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Address: _____
Street/City/Postal Code

Telephone: _____ Cell: _____

Email: _____

Parent/Guardian Name: _____
Last First

Reason for Refund Request: _____

Amount of Payment: _____

Method of Payment: _____

Signature: _____

Date: _____

The on-line registration fees are non-refundable.

For Club Officials Only

Refund Amount \$ _____

Registrar Signature _____

Refund Issued by _____

Date _____

***** A \$25 administration fee will apply to all refunds *****