



Refund Request Form

LINCOLN SOCCER CLUB

PO BOX 426, BEAMSVILLE ON LOR 1B0

Tel. 905-563-3379

admin@lincolnsoccerclub.ca

www.lincolnsoccerclub.ca

Player Information

(please print clearly and fill in ALL SECTIONS, failure to complete fully will delay your refund)

Last name First Name DOB M/F

Address: _____
Street/City/Postal Code

Telephone: _____ Cell: _____

Email _____

Parent/Guardian Name _____
Last First

Did you register online? Yes No (please check one)

Reason for Refund: _____

Amount of Payment: _____ Method of Payment: _____

Signature: _____

Date _____

For Club Officials Only

Refund Amount \$ _____

Registrars Signature: _____

Refund Issued by: _____

Date: _____

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