



REFUND REQUEST

House League Program only

Request Date: _____

Payable To: _____

Amount: _____

Player Name: _____

Date of Birth: _____

Gender: _____

Registration Payment made to the East York S. C. by: (select one)

Credit Card

Cheque

Cash

Reason for Request:

Refund Details:

\$

Registration Fee

Less Admin Fee:

50.00

Net Refund to be issued to Player:

Approved by: _____

For Office Use:	
Date Refunded:	
Refund Payment Method:	
Processed By:	