

THE INTERNATIONAL SOCCER CLUB

In Mississauga



REFUND REQUEST FORM

PLAYER INFORMATION

Name: _____
(First Name, Surname)

Date of Birth: ____/____/____
Month / Day / Year

PARENT INFORMATION

Name: _____
(First Name, Surname)

Telephone: _____

E-Mail: _____

Address: _____

(Street, Municipality, Postal Code)

REASON FOR WITHDRAWAL _____

PROOF OF PAYMENT: Yes ☐ No ☐ (Attach pink sheet of registration form)

Type of Payment: Cash ☐ Cheque ☐ Credit ☐ Debit ☐

I HEREBY APPLY FOR A PARTIAL REFUND FOR THE REASONS STATED ABOVE

(Signature of Player/ Parent / Legal Guardian)

To be filled out by Office Staff ONLY

Club Staff: _____ Date Received: _____
Authorized By: _____ Date: _____

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