



Kemptville District Soccer Club

Request for Refund

Please mail completed form to: **KDSC**
P.O. Box 1322
Kemptville ON
K0G 1J0
(613) 258-1987

Or drop off at office – see www.kemptvillesoccer.com for location

Player Information:

Player's Name: *First* _____ *Middle* _____ *Last* _____

Player's Date of Birth _____ (DD/MM/YY)

Amount Requested: _____ Date Requested: _____

Reason for Refund:

Contact Information:

Contact Name: _____ Email: _____

Home Phone : _____ Work Phone: _____

Payable to: _____

Mailing Address: _____

1) Once a player is registered, requests for refunds must be received in writing by 31 May at 23:59:59 of the current year. Requests for refunds, received before or by that date, will be provided at 50% of the registration fee or \$30 administration fee (whichever fee is less) will apply.

(2) Where a player suffers a season ending injury (either soccer or non-soccer related), prior to July 1st, the refund will be prorated by the number of games up to the time of injury, less any fees paid to leagues or governing bodies.”

(3) Requests received after 31 May at 23:59:59 of the current year (or as specified in (2)) will be held until the end of season when a special meeting of the board will be held to review requests for refunds.

For more information on refunds contact our Club Administrator at club@kemptvillesoccer.com

Administrative Use Only:

Approved / Denied. Comment: _____

Cheque # : _____ Refund Amount: _____

Date: _____ Signature: _____