



Cambridge Youth Soccer
Skill Center / Academy Member Refund Form

DATE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

PLAYER NAME: _____ DOB: _____ M/F: _____

PROGRAM: _____

REASON FOR REFUND/CREDIT REQUEST:

Please note the following conditions:

- All **REFUNDS** are subject to a 15% administrative fee.
- 1st deposit is non-refundable.
- Requests received 14 days after program start are non-refundable. Please refer to the CYS website – Refund Policy
- Requests related to season ending in injuries or other medical/compassionate reason, Medical note may be requested.

Once the form has been completed:

- Please scan/email your signed form to clubhouse@cambridgesoccer.ca
- Please allow 30 days for processing;
- Refunds will be processed by credit card (if paid online) or by cheque, mailed to the address listed above;

PARENT/GUARDIAN SIGNATURE: _____

OFFICE USE ONLY

REFUND

TOTAL FEE PAID: \$ _____ DATE PAID: _____ PAYMENT METHOD: _____

REFUND AMOUNT: \$ _____ REFUND DATE: _____ REFUND METHOD: _____

VARIANCE EXPLANATION: _____

AUTHORIZED BY: _____