

Whitby FC

695 Rossland Road West, Whitby, ON L1R 2P2



Player Information:

Player Name: _____

Date of Birth (mm,dd,yy): _____

Team # (if assigned): _____

Season: _____ Outdoor: ☐ Indoor: ☐

Refund Reason: _____

Please note: Refunds are subject to a \$35 administrative fee

Parent/Guardian Information:

Parent/Guardian Name: _____

Home Phone: _____

Work / Cell: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

Cheque Delivery: Mail: ☐ Pick-up: ☐

Approved requests are refunded by cheque

Office Use Only

Refund # _____ Date Received: _____

Guardian # _____ Refund Amount: _____

Registration # _____ Whitby FC chq #: _____

Transaction # _____ Date Requested: _____

Payment Method: _____ Removed from SE yes ☐ no ☐

Payment Amount: _____ Removed OSCAR: _____

Notes (office use): _____

Please return completed Refund Request form to: eldridge@whitbysoccer.com

Tel 905.668.2009

Email eldridge@whitbysoccer.com

Fax 905.666.2431

Web www.whitbysoccer.com

Requests for refunds will only be considered prior to the first day of the season

Please allow 3-4 weeks for refunds to be processed
Please attach a doctor's note for refunds requested for medical reasons