



Official Refund Request Form

Date of Request: _____

Team Name: _____

Spring Season-Amount Paid \$ _____

Recreational

Fall Season-Amount Paid \$ _____

Advance

Other (describe) _____

Select/Travel

Player's Name: _____ DOB: _____

Parent's Name: _____

Address: _____

Phone#: _____

Email: _____

Reason for refund: (subject to club approval)

Moving out of area

Pre-Season Injury

Overpayment (describe)

Other (describe)

All refund requests are subject to a \$25 per player processing fee. No refunds will be made following the first game of the season. Select/Travel Registration fees, donations, sponsorships, new field fees, fund raiser fees and merchandise purchases are non-refundable. Refund requests may take up to 60 days for processing; if an extension for a decision is needed, you will be notified within the initial 60 days.

Parent Signature (required) _____

Submit Request To:
Portsmouth Soccer Club
Attention: Registrar
PO Box 3333
Portsmouth, VA 23701

or

Submit via Email at:
pscregistrar1@aol.com
(please list "refund request" in subject line)

PORTSMOUTH SOCCER CLUB BOARD OF DIRECTOR USE ONLY

Processed by Registrar – Name: _____ Date: _____

Processed by Treasurer – Name: _____ Date: _____

Check # _____ Amount refunded \$ _____