



# Iowa Rush Soccer Club Camp Refund Request Form

The Camp Refund Request Form must be completed in its entirety before it will be reviewed by the Camp Program Committee at a monthly review session. Any missing information may result in the inability for the Camp Program Committee to Review each case and could cause delays in the review process. Please be sure to include and additional information needed to make the form official such as a detailed Medical Note stating diagnosis of injury or extended illness, etc. Once completed and signed; this form can be mailed, scanned or faxed to the Iowa Rush Soccer Club.

Player Name:	Age of Player in question:
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Parent Names:
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Parent Email Address:
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Reasons for Refund Request:
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Signature of Parent/Guardian: _____ Date: _____ (Please print off form after completion, then sign and mail/scan/fax document to Rush.)
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<b><u>For Office Use Only (check appropriate):</u></b> Date Received: _____  <input type="radio"/> Adequate Support Documentation Included <input type="radio"/> Support Document NEEDED  <input type="radio"/> Refund Approved <input type="radio"/> Refund Denied
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<b><u>Payment Information - For Office Use Only:</u></b>  Initial Payment: _____ Less Administrative Fee:    - <u>\$20</u> Total Reimbursement=        _____ (*If approved*)  Check Sent: _____
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Iowa Rush Soccer Club

•Mail: P.O. Box 351, Ankeny, IA 50021 • Ph: 515-554-9695 •Fx: 515-965-0164 • [www.iowarush.com](http://www.iowarush.com) •