



IOWA RUSH SOCCER CLUB PROGRAM REFUND REQUEST FORM

The Program Refund Request Form must be completed in its entirety before it will be reviewed by the Board of Directors at a monthly review session. Any missing information may result in the inability for the Board of Directors to review each case and could cause delays in the overall process. Please be sure to include any 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. Requests will not be considered for such reasons as or similar to: child does not like soccer, child has chosen to play another sport, child's team started practicing without us, child does not like their team or the child does not like their coach, etc.

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| Player Name: _____ | Age of Player in Question: _____ |
| Parent Names: _____ | |
| Parent Email Address: _____ | |
| Program (i.e.: Select, Rec, Academy, Camp): _____ | |
| Reasons for Refund Request: | |
| Signature of Parent/Guardian: _____ Date: _____ (Please print off form after completion, then sign and mail/scan/fax document to rush) | |
| <u>For office Use Only (check Appropriate):</u> Date Received: _____ <input type="radio"/> Adequate Support Documentation <input type="radio"/> Support Document NEEDED <input type="radio"/> Refund Approved <input type="radio"/> Refund Denied | <u>Payment Information- For Office Use Only:</u> Initial Payment: _____ Less Administrative Fee: _____ Less Non-refundable: _____ Total Reimbursement= _____ (*if approved*) Credit Card Reimbursed: _____ |