

SPACE COAST UNITED SOCCER CLUB

REQUEST FOR REFUND/CREDIT

I am requesting a Refund/Credit for:

Spring Season Registration Fees	Amt Paid \$ _____	Cash	Check
Fall Season Registration Fees	Amt Paid \$ _____	Cash	Check
Other: _____	Amt Paid \$ _____	Cash	Check

Player's Name: _____

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

E-Mail Address: _____

Reason for Refund/Credit Request: _____

SCUSC Refund Policy

Players withdrawing from SCUSC will be entitled to a refund of Registration Fees as follows:

100 % Refund of Registration Fees will be given for requests received through the end of Regular Registration (12:00 Noon on the last advertised day of regular registration).

50% Refund of Registration Fees will be given for requests received after the last day of Regular Registration and before Team Selection. Team selection is usually done within 7-10 days of the last day of Regular Registration.

0% Refund will be given for requests received after team selections have been completed.

Late Fees, Donations, Sponsorships, and merchandise are non-refundable.

100% Refund of Volunteer Fee will be given for requests received prior to Team Selection.

Withdrawals due to Injury or Medical Condition

If a player is forced to withdraw after the start of the season as a result of an injury or medical condition, the player may be entitled to a credit for the next SCUSC soccer season. All requests for credits must be accompanied by a note from the physician treating the player.

The physician's note must include the following information:

- Date
- Player's Name
- Reason player is not allowed to participate
- How long the player is not allowed to participate
- Physician's name and phone number

Once the required documentation is received by the Board, a determination will be made, on a case-by-case basis, as to the amount of the credit.

Maximum credit allowed for any request received after the start of the season is 50% of the Registration Fee. Credit amounts will then be pro-rated based on when the request was received. Credits are non-transferable and are good for the soccer season immediately following the approval of the credit.

By signing below, I acknowledge that I may not receive a Refund/Credit for the full amount paid and that all Refund/Credit amounts will be based on the guidelines set forth in the SCUSC Refund Policy.

Parent Signature: _____ Date: _____

FOR CLUB USE ONLY:

Date Received: _____

Registrar: Date Notification Sent _____ Method of Notification _____

Director of Teams for appropriate age group

Treasurer: Date Mailed _____ Check # _____ Amt \$ _____