



REFUND REQUEST FORM

Child's Name: _____ Age: _____ Date Registered: _____

Please Print

Parent Name: _____ Phone #: _____

Please Print

ADDRESS

Street: _____ City: _____ State: _____ Zip: _____

The above information will be used to forward any refund granted

REASON FOR REFUND REQUEST

In all cases where a refund is granted, a \$25.00 administration fee will be applied and deducted from each registered child that a refund is granted

Parent Signature: _____ Date: _____

Form must be signed and dated for processing

All refund requests must be turned into the treasurer for processing "NO EXCEPTIONS"

Mail completed form to:
Refund Request / HH Soccer
PO Box 24333
Huber Heights, OH 45424

!!! HHS OFFICIAL USE IN THIS AREA !!!

Date Received: _____ Received By: _____

Refund: ____ Granted ____ Denied Reason For Denial: _____

Amount of Refund: \$ _____ Check #: _____ Date Mailed: _____