



REFUND AUTHORIZATION

PLAYER & DIVISION INFORMATION

PLAYER NAME	SEASON
	INDOOR OUTDOOR
AGE GROUP	

REFUND PAYABLE TO

NAME
ADDRESS
REASON FOR REFUND

PLEASE SUBMIT TO: INFO@CSWUSOCCER.COM

OFFICE USE ONLY

PROGRAM	AMOUNT	SPECIAL INSTRUCTIONS
Registration		Credit on Account <i>(any refunds \$100 or less will be credited to account)</i>
Academy		Payable by Credit Card <i>(5% admin fee)</i>
Camp <i>(less admin fees)</i>		Payable by Cheque #

TOTAL	APPROVED BY
--------------	--------------------

COMPLETED