

CSWU REFUND AUTHORIZATION FORM

Calgary SouthWest United Soccer

Unit 116, 10450-50 Street SE

Calgary AB T2C 5P8

403.281.2798



Player & Division Information

PLAYER NAME:		DATE:
SEASON:		
AGE GROUP:		

Refund Payable To

PAYABLE TO	
ADDRESS	
REFUND REASON	

PARENTS SIGNATURE <u> X </u>	DATE
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Please email completed forms to info@csvusoccer.com
Refunds request can take between 8 - 12 weeks before processing

FOR OFFICE USE ONLY

Program	Program Price	# of Games	Cost Per Game	Less Remaining	Game Price	Difference	Less Admin Fee	Total Admin Fee
	0.00	1	0.00	0	\$ -	\$ -	\$ -	\$ -
	0.00	1	0.00	0	\$ -	\$ -	\$ -	\$ -
	0.00	1	0.00	0	\$ -	\$ -	\$ -	\$ -
Subsidy								

Total Program Fee	\$0.00
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Less Admin Fees	\$0.00
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Total Refund	\$0.00
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Credits to Account	
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Refunded Back	\$ -
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SPECIAL INSTRUCTIONS	REFUND COMPILED BY	
CREDIT ON ACCOUNT	APPROVING NAME	
PAYABLE BY CREDIT CARD	APPROVING SIGNATURE	
PAYABLE BY CHEQUE Yes ck#	DATE OF APPROVAL	