

McCracken County Youth Soccer

Refund Request Form – Recreational Spring 2012 Season

Recreational Refund Policy: Please mail a self-addressed stamped envelope along with this completed form. Refund requests should be sent to the attention of the Registrar and must be postmarked by April 14, 2012. Requests postmarked on or before this date will be issued after the start of the season minus a \$5 administrative fee.

Any requests postmarked after April 14, 2012, will not be honored.

Date: _____

Player Name: _____

Parent/Guardian: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Mobile Phone: _____

Amount Paid: \$ _____

Payment Method: Credit Card

CASH

Personal Check

Reason for Refund Request: _____

Send refund to the address above: _____Yes _____No

Send refund to the following address: _____

Mail To:

MCYSA Registrar

P.O. Box 8062

Paducah, KY 42002-8062

OFFICIAL OFFICE USE ONLY!

Date: _____ Payment Verified _____

Refund Amount: _____

Date Refund Issued _____