

Albion SC Juniors Program

Refund Request

Albion SC Junior Phone (858) 200-7992

Email to: dan.raeihle@albionsoccer.org
www.albionsoccer.org

Players Name: _____ Date: _____

Print name

Refund Requested by Parent or Guardian: _____

Print name

Refund Requested by: _____ Date: _____

Signature

Reason for refund request:

Amount Requested: \$ _____ Adjusted Amount: \$ _____

A \$30 administrative fee will be applied to all FALL refunds.

A \$10 administrative fee will be applied to all SPRING & CAMP refunds.

Send check to:

Payable Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

PSL Directors signature: _____ Date: _____

PSL T.D. signature: _____ Date: _____

PSL Check # _____ **Amount Refunded \$** _____ **Date:** _____

Deliver the completed refund form to Albion SC and Mail to:

Albion SC Juniors Program
Financial Committee
P.O. Box 7551
San Diego, CA 92167