

# GRANITE CITY SOCCER CLUB

## REFUND REQUEST FORM

Name of Player: \_\_\_\_\_ Gender: \_\_\_\_\_

Age Group: \_\_\_\_\_ Coach/team (if applicable): \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for Request:

**Send completed form to registrar:**

GCSC c/o Nantha Viswanathan 1812 Halley Way St.Cloud, MN 56301

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GCSC Reg. Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Amount to be Reimbursed: \_\_\_\_\_

Registrar's Comments:

President's Comments:

Presidents Name: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved \_\_\_\_\_

Treasurer's Name : \_\_\_\_\_

Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_