

**ST. CATHARINES CLUB ROMA MINOR SOCCER  
REQUEST FOR REFUND**



Date: \_\_\_\_\_

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M      D      Y

- Category:  Soccer Starters Fee Refund  
 House League Registration Fee Refund  
 NYSL, NRGSL or SRSL Registration Fee Refund

Reason: \_\_\_\_\_

Division: \_\_\_\_\_ (NYSL U10, etc...)

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

City: \_\_\_\_\_ Postal: \_\_\_\_\_

Request For Refund Made By: \_\_\_\_\_

**Refund cheque will be made payable to "Payee" on the registration form.**  
See romasoccer.com for refund policy.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Form #: \_\_\_\_\_

Registration Amount Paid: \$ \_\_\_\_\_

Less Administration Fee: \$ \_\_\_\_\_

Total Refund Amount: \$ \_\_\_\_\_

Roma Cheque # \_\_\_\_\_

Approved by (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Mailed: \_\_\_\_\_