



St. Catharines Club Roma Soccer

Player Refund Request Form

Please complete and submit this form to request a registration fee refund.

All refunds are subject to the Club Roma refund policy available at

www.romasoccer.com.

Refund cheque will be made payable to the Guardian in PowerUP. Please review the refund policy before submitting this request.

Date of Request: _____

Player Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Category (circle one)

TRAVEL HOUSE LEAGUE CAMP/CLINIC ADULT LEAGUE1 HIGH
PERFORMANCE/IMODEL/NRSP

Reason for Refund: _____

Address: _____

City: _____ **Postal Code:** _____

Request Submitted By: _____

Note: Refund cheque will be made payable to the payee listed on the original registration form.

Office Use Only

Date Received: _____

Form Number: _____

Registration Amount Paid: \$_____

Less Administration Fee: \$_____

Total Refund Amount: \$_____

Roma Cheque #: _____

Approved By (Print): _____

Signature: _____

Date Mailed: _____

Revised: June 2025