



KLEIN SOCCER CLUB

P.O. Box 11973 • Spring, TX 77391

Phone: (281) 320-2211

www.kleinsoccer.com

REFUND REQUEST FORM

Check will be mailed to the person whose name was on the registration check or receipt.

Child's Name: _____ Parents Name: _____

Home Phone: _____ Mobile Phone: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Payment Type: CASH _____ CHECK _____ CC _____

Reason for refund request: _____

Parent Signature: _____

Refund Policy: KSC reserves the right to deny any or all refund request that are not submitted in the accordance with following policy.

- 1. A complete refund request form must be submitted to the office.**
- 2. The amount of refund is subject to an administration charge of \$30.00.**
- 3. All refund request made prior to the Wednesday after the first game, NO EXCEPTIONS MADE.**
KSC is a 501.C.3 Organization and if you did not request a refund prior to deadline you may deduct your fee as a charitable donation.
- 4. There will be no refunds due to any type of natural disaster or medical pandemic (such as a hurricane or Covid) if the event occurs after the last day of refund noted above.**

OFFICE USE ONLY:

Date Received (with Office Staff Initial): _____ Date Submitted to Director of Administration: _____

Registration Amount: _____ Date of Registration: _____ Parents Check: _____