



KLEIN SOCCER CLUB

P.O. BOX 11973 - Spring, TX 77391

Phone: 281.320.2211

www.kleinsoccer.com



REFUND REQUEST FORM

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

Child's Name: _____ Parent's Name: _____

Mobile Phone: _____ Alternate 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 requests 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 requests 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 the 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 hurrince or Covid) if the event occurs after the last day of refund request policy protocol.

OFFICE USE ONLY:

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

Registration Amount: _____ Date of Registration: _____ Player Age Group: _____