

BC TIGERS SPORTS CLUB - REFUND REQUEST FORM

Players Name: _____

Parent/Guardian's Name: _____

Phone Number: _____

Email: _____

Address: _____

City: _____ BC Postal Code: _____

Reason for Refund request:

- Child does not want to play*
- Not satisfied with team/coach*
- Joined another club*
- Medical complication*
- Extended vacation*
- Team disbanded*
- Parent volunteering as Coach*
- Other _____*

The Club reserves the right to:

- refuse refund request*
- charge administrative fee*
- issue credit for next season*
- apply adjustments as necessary*

Team Name: _____ Age Group: _____

Coaches Name: _____

Parent's/Player's Signature _____ Date: _____

Team Coaches Approval _____ Date: _____

Club Coordinator Approval _____ Date: _____

Club Registrar/Accountants Approval _____ Date: _____

Accountants Use Only: Refund Issued Y / N Cheque Number: _____

Amount Adjusted and Reason: _____

Note: *(Please indicate what club equipments had been issued and/or returned etc)*

