



## Regina Soccer Association

1700 Elphinstone St.  
Box 27088  
Regina, SK  
S4R 8R8  
Phone: 306-352-8040  
Fax: 306-347-8055  
Email: info@reginasoccer.com

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# Refund Request Application

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Player's Name: \_\_\_\_\_

Guardian's Name (youth players): \_\_\_\_\_

1st Team Registered With: \_\_\_\_\_

2nd Team Registered With: \_\_\_\_\_

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

City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Reason For Request:

- Injured
- Medical
- Moving
- Scheduling Conflicts
- Other: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date received by RSA Office: \_\_\_\_\_

Original Amount Paid: \_\_\_\_\_

Original Method of Payment: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Refund Method: \_\_\_\_\_