



Regina Soccer Association

info@reginasoccer.com fax: (306)347-8055

Refund Request Application

Date received by at the RSA Office: _____

Players Name: _____

Guardian's Name (if youth player): _____

Team Registered With: _____

Daytime Number: _____ Evening Number: _____

Email: _____

Make cheque payable to: _____

Mailing Address: _____

Reason for Request:

- Injured
- Medical
- Moving
- Other: _____

Notes (RSA staff):