



Refund Request Form

To: Shorelake Soccer Board of Directors

(Date)

I would like to request a refund for my child_____. I registered my child for a BU/GU_____Shorelake Soccer team. I am requesting a refund for the reason below.

(Parent/Guardian Signature)

(Please print your name)

(Street Address)

(Telephone Number - home)

(City, State, Zip)

(Telephone Number - cell)

Please return by mailing to:

**Shorelake Soccer
PO Box 55472
Shoreline, WA 98155**

Or by email to:

Treasurer@shorelake.org

For Internal Use

Approved by: _____
(League President)

(Date)