

# SNOQUALMIE VALLEY YOUTH SOCCER ASSOCIATION

## REGISTRATION REIMBURSEMENT FORM

Please write legibly

Player's Name \_\_\_\_\_ Age Group \_\_\_\_\_

Parent's Name \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_, WA 980\_\_\_\_\_  
(mailing) (City)

Telephone (425) \_\_\_\_\_

Reason for Request \_\_\_\_\_

Registration Fee Paid \$ \_\_\_\_\_

**Refund Amount** \$ \_\_\_\_\_

Association Treasurer to Fill in Amount Here

### REFUND POLICY

- 100% During month of May
- 50% Between June 1 and August 31
- None After September 1
- 100% If no team is able to be formed in the Club registered (U11 and below) and player's parents choose not to play in another Club
- 100% If no team can be formed (U12 and up) in the Club registered or neighboring Club
- 100% If player leaves a team due to an injury prior to (and not including) September 1<sup>st</sup>
- 50% If player leaves a team due to an injury prior to the end of the 5<sup>th</sup> week of league play (being the 5<sup>th</sup> Sunday of league play)

**PARENT(S): The processing of this form is your responsibility. No refund will be issued unless the request is signed by all parties (below), the original registration form attached and sent to the address below postmarked by the end of the 5<sup>th</sup> week of league play.**

Parent's Signature \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Area Rep's Signature \_\_\_\_\_

**MAIL TO: SnVYSA, P.O. Box 370, Carnation, WA 98014-0370**

To Be Completed By Association Recipient and Treasurer Only:

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check No.: \_\_\_\_\_

Revised 2001