



## Churchland Soccer League Refund Request Form

**Date of Request:** \_\_\_\_\_

Level of Play (circle one): Recreation / Advanced / Travel

Age Group: U-\_\_\_\_\_

☐ Fall Season – Amount Paid \$ \_\_\_\_\_

☐ Spring Season – Amount Paid \$ \_\_\_\_\_

Other (describe) \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Reason for Refund (subject to CSL approval):

- ☐ Moving out of the area
- ☐ Preseason Injury
- ☐ Change of mind
- ☐ Overpayment / Other (describe): \_\_\_\_\_

\_\_\_\_\_

All refunds are subject to a \$20 processing fee. No refunds will be issued following the first game of the season. Travel registration fees, Advance or Travel team acceptance fees, donations, sponsorships, fundraiser fees, credit card processing fees, service fees and uniforms are non-refundable.

Parent Signature (required): \_\_\_\_\_

### Email or Mail Request to:

Churchland Soccer League  
PO Box 5096  
Portsmouth, VA 23703-5096

[Churchlandsoccerinformation@gmail.com](mailto:Churchlandsoccerinformation@gmail.com)

Processed by Treasurer: Approved Y / N Date: \_\_\_\_\_

Check / Credit Card Refund Amount: \_\_\_\_\_

Treasurer signature: \_\_\_\_\_