



Kemptville District Soccer Club

Refund Form 2006/2007



Once completed mail this form to
Kemptville District Soccer Club, PO Box 1322, Kemptville, Ontario. K0G 1J0

Player Information

Players Name: _____
First *Last* *Middle*

Refund Information

Amount Requested: _____ Date Requested: _____

Refund Reason: _____

Contact Information

Contact Name: _____ Email: _____

Home Phone : _____ Work Phone: _____

Payee Name: _____
First *Last* *Middle*

Address : _____

Refund Policies

All Refunds must be approved by the KDSC Executive. Meetings are held on a Monthly basis, Please allow up to six weeks for processing.

Refunds may be given for many reasons, see our web site (www.kemptvillesoccer.com) for our policies on the most frequent requests.

For players who simply withdraw after registration a fee of \$20 will be withheld if the club has registered their name into the OSA database, refunds will not be given once the season has started unless accompanied by a medical certificate.

For more information on refunds contact our Club Treasurer [Lou Judge](#) (613) 258 5061

Administrative Use Only

Approved Denied Reason: _____

Cheque # : _____ Refund Amount: _____

Date Approved: _____ Signature: _____