



Kemptville District Soccer Club

Request for Refund (2010)

Please mail completed form to: **KDSC**
P.O. Box 1322
Kemptville ON
K0G 1J0
(613) 258-1987

Or drop off at office – see www.kemptvillesoccer.com for location

Player Information:

Player's Name: *First* _____ *Middle* _____ *Last* _____

Player's Date of Birth _____ (DD/MM/YY)

Amount Requested: _____ Date Requested: _____

Reason for Refund:

Contact Information:

Contact Name: _____ Email: _____

Home Phone : _____ Work Phone: _____

Payee Name: _____

Mailing Address: _____

All refunds must be approved by the KDSC Board. 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 equivalent to the EODSA and OSA charges 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/Denied _____ Signature: _____