



# Appendix B

## **SUFC Registration Refund & Late Fee Policy 2018**

Strathroy United FC will refund registration fees as explained in Appendix B of this policy and will consider refund requests not meeting Appendix B, but deemed a special circumstance.

1. Registration refund requests must be forwarded, **in writing**, to the Strathroy United FC Registrar. A Copy of the form is below.
2. If received, the Uniform must be returned to the Club before a refund will be considered.
3. If the registration refund request is not considered a special circumstance, the Registrar will approve the registration refund based on Appendix B and forward the necessary information to the Treasurer.
4. If the registration refund request does not meet Appendix B and is determined to be a special circumstance, the Club will forward the request to the Board of Directors / Registration Committee of SUFC. The decision of the Board of Directors / Registration Committee will be final and without precedent.

## **House League Program Registration Refund Structure 2018**

<b>Date of Refund &amp; Applicable Fees</b>	<b>1 PLAYER</b>	<b>2 PLAYERS</b>	<b>3 PLAYERS</b>	<b>4PLAYERS</b>
Administrative Fee from April 1 <sup>st</sup> - April 15 <sup>th</sup>	\$ 30.00	\$ 60.00	\$ 90.00	\$120.00
Administrative Fee from April 16 <sup>th</sup> – April 30 <sup>th</sup>	\$ 50.00	\$100.00	\$150.00	\$200.00
Administrative Fee After May 1 <sup>st</sup> , 2018	\$ 125.00	\$ 250.00	\$375.00	\$400.00

## **Rep (Competitive) Program Registration Refund Structure 2018**

5. The above fee structure applies for all Rep Program Players, however if for any reason a player is cut from a competitive (Rep) team they will be refunded in full, as well will have the option to register with our House League or Intermediate Local League Program.



# Appendix B

## PLAYER INFORMATION

Date: \_\_\_\_\_ Program: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Division: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION: Make Check Payable To

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_

**REASON FOR REFUND REQUEST:** *(more space on the back of this form)*

**ACKNOWLEDGEMENT:** I have read and understand the SUFC Refund Policy.

\_\_\_\_\_  
Parent / Guardians Name

\_\_\_\_\_  
Parent / Guardians Signature

### Office use only:

Coach Notified: Yes or No

Original Payment Method: CHEQUE CASH CREDIT

Original Payment Amount: \$ \_\_\_\_\_

Date Refund Issued: \_\_\_\_\_ Refund amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Approved by: \_\_\_\_\_ Refund recorded in Registration System By: \_\_\_\_\_