



Appendix B

SUFC Registration Refund & Late Fee Policy 2019

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 2019

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

Rep (Competitive) Program Registration Refund Structure 2019

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.

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Appendix B

PLAYER INFORMATION			
Date:	Program:		
Last Name:			
First Name:	Male	Female	
Division: U4 U5 U6 U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 Adult			
PARENT/GUARDIAN INFORMATION: Make Check Payable To			
Last Name:			
First Name:	Phone:		
Address:			
Town:	Postal Code:		
Valid Email Address:			
Would you like your check mailed?	Yes	No	Please hold for pick up: Yes No
REASON FOR REFUND REQUEST: <i>(more space on the back of this form)</i>			
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: _____	

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