

The following form is to be filled out completely and mailed directly to the Treasurer.

Greater Arlington Soccer Club, Inc.  
Attention: Treasurer  
2771-29 Monument Rd. P. O. Box 354  
Jacksonville, Florida 32225

Refund Form

Players Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Division( Co-ed, All Girls) \_\_\_\_\_  
Age Group \_\_\_\_\_  
Name of Team \_\_\_\_\_  
Coach \_\_\_\_\_

Reason for Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by Treasurer thru Age Group Director

Amount of Registraion \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Date of Request for Refund \_\_\_\_\_  
Was Player Issued Uniform \_\_\_\_\_  
Did Player begin practices \_\_\_\_\_  
Was Trophy ordered \_\_\_\_\_

Amount approved \_\_\_\_\_

For Treasurer's File

Date Issued \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_