



## Calgary Foothills SC Refund Request Form

Player Name: \_\_\_\_\_

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

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Email : \_\_\_\_\_

Reason for refund request: \_\_\_\_\_

\_\_\_\_\_

Refund Cheque should be made payable to: \_\_\_\_\_

**\*\* If refund request is for an injury- please read-  
All injury refund requests must be accompanied by a signed note from a  
medical practitioner that includes;**

**1.Date of injury**

**2.Nature of injury**

**3.Medical Practitioner MUST indicate that injury is season-ending for  
player**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

For office use only

Date received \_\_\_\_\_ by \_\_\_\_\_

Date approved/declined \_\_\_\_\_ by \_\_\_\_\_

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

Cheque number \_\_\_\_\_ date issued \_\_\_\_\_