



Pickering Football Club Inc.
 1975 Clements Road,
 Pickering, ON, L1W 4C2
 Telephone: 905-831-9803 / Fax: 905-239-0067
 Web Site: www.pickeringfc.ca

REFUND REQUEST

Player's Name	_____		
Address	_____		
City	_____	Postal Code	_____
Phone (Cell)	_____	Phone (Home)	_____
Season (Year)	_____	Indoor	<input type="checkbox"/> Outdoor <input type="checkbox"/>
Program	_____	Female	<input type="checkbox"/> Male <input type="checkbox"/>
Cheque Payable to:	_____		
Address same as above	Yes <input type="checkbox"/>	Alternate Address	Yes <input type="checkbox"/>
Alternate Address	_____		
City	_____	Postal Code	_____
Reason For Refund	_____ _____ _____		
Parent Signature	_____		
Print Name	_____		
Date of Request	_____		

Office Use Only ↓

Ontario Soccer Number _____			
Amount Paid	\$ _____	Cash	\$ _____
		Cheque	\$ _____
		Online	\$ _____
Club Fees	_____	Office Fees	_____
	_____	Uniform	_____
	_____	Picture	_____
	_____	Award	_____
	_____	League Fees	_____
	_____	Family Discount	_____
	=====	TOTAL	_____
		Net Refund	<input style="width: 100px; height: 20px;" type="text"/>
Authorized by:	_____	Cheque #	_____
Date	_____	CC Refund #	_____
		Date Entered:	_____
		Entered by:	_____