

Edison United Soccer Association

REFUND REQUEST FORM

www.EdisonUnitedSoccer.com

eus@edisonunitedsoccer.com

Fill out Form (PLEASE PRINT CLEARLY) and mail with proof of payment to:

**Edison United Soccer Association
PO Box 394
Edison, NJ 08818
Attn: TREASURER REFUND**

IMPORTANT NOTICE REGARDING REFUND AMOUNTS

The amount of the refund issued to you is dependent upon the date your refund was submitted and the reason for your request. Please be sure that you understand the EUSA refund policy on our website. Refund requests that are made after EUSA has paid certain fees on behalf of your child (e.g. insurance membership fees of NJYS or similar organizations) will have those fees deducted from your refund amount. Refund requests that are made after uniforms have been ordered will have the cost of the uniform deducted if EUSA cannot replace your child's spot. If you paid for your child's membership using a credit card, any and all merchant fees that are non-refundable to EUSA will be deducted from your refund amount. Late fees are non-refundable.

Players Full Name: _____

SCHOOL: _____

GRADE (circle one): Prek K 1 2 3 4 5 6 7 8 9 10 11 12 Adult

STREET ADDRESS: _____

CITY: _____

ZIP: _____

PHONE: () _____

EMAIL: _____@_____.

A REFUND is being requested for: (check Season & PROGRAM)

FALL WINTER
 SPRING SUMMER

YEAR
20_____

Kick & Play Inter-County
 Micro Soccer Other
 Recreation

Parent/Guardian Full Name: _____

REASON FOR REFUND REQUEST (supplying details helps our volunteers process your request):

Parent/Guardian Signature: _____

DATE: ____/____/____

THE FOLLOWING SECTION IS FOR USE BY EUSA PERSONNEL ONLY:

REFUND DEDUCTIONS:

Administrative Fee - \$25.00

Micro/Rec Uniform - \$35.00

Credit Card/OLR Merchant Fees - \$5.00

Refund requested 2 weeks prior to start of season: YES NO

NJYS Insurance - \$8.50

Medical reimbursement - 50%

Program VP Signature: _____

Treasurer Signature: _____

Authorized Refund Amount: \$_____

Date: _____