

# Edison United Soccer Association

## REFEREE FEES REFUND REQUEST FORM

[www.EdisonUnitedSoccer.com](http://www.EdisonUnitedSoccer.com)     
 [eus@edisonunitedsoccer.com](mailto: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. All Referee refund requests must be submitted no later than 30 days from the end of the season. All requests received after said date will be considered void. All requests must be submitted to the VP of your Division for approval.

Team Name: _____			
Division: U _____ B / G		Coaches Name: _____	
STREET ADDRESS: _____		CITY: _____	ZIP: _____
PHONE: (    ) _____		EMAIL: _____@_____.	
A REFUND is being requested for: (check Season & PROGRAM)	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR 20 _____	<input type="checkbox"/> Inter-County <input type="checkbox"/> Travel <input type="checkbox"/> Adult <input type="checkbox"/> Recreation
REASON FOR REFUND REQUEST (supplying details helps our volunteers process your request): _____			
<b>INITIAL REFEREE CHECK AMOUNT RECEIVED:</b>		<b>\$</b>	
<b>Game Date:</b>	<b># Referees:</b>	<b>Amount Paid:</b>	
Game #1:		\$	
Game #2:		\$	
Game #3:		\$	
Game #4:		\$	
Game #5:		\$	
Game #6:		\$	
Game #7:		\$	
Game #8:		\$	
Game #9:		\$	
Game #10:		\$	
<b>TOTAL REFEREE FEES PAID FOR THE SEASON:</b>		<b>\$</b>	
<b>BALANCE DUE COACH:</b>		<b>\$</b>	
Coach's Signature: _____		DATE: ____/____/____	

### THE FOLLOWING SECTION IS FOR USE BY EUSA PERSONNEL ONLY:

Program VP Signature: _____  Treasurer Signature: _____	Authorized Refund Amount: \$ _____  Date: _____
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