

# Edison **UNITED** Soccer Association

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

EDISON UNITED SOCCER ASSOCIATION  
P.O. BOX 394  
EDISON, NJ 08818  
ATTN: TREASURER REFUND

## REFUND REQUEST FORM

Please **PRINT** all information clearly

P.O. Box 394, Edison, NJ 08818  
www.edisonunitedsoccer.com eusa@edisonunitedsoccer.com

### Important notice regarding Refund Amounts

The amount of the refund issued to you depends on the date that you submit your request and the reason you are making the request. Refund requests that are made after EUSA has paid certain fees on behalf of your child (e.g., insurance, membership fees for MNJYSA 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 from the refund amount if EUSA is not able to find a replacement for the spot your child is vacating. If your child has received their uniform and you submit a request for a refund, the cost of the uniform will be deducted from the refund amount. If you paid for your child's membership using a credit card, any merchant fees that are non-refundable to EUSA will be deducted from your refund amount.

Player's FULL Name

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Date of Birth

M	M	/	D	D	/	Y	Y
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School

\_\_\_\_\_

GRADE (circle ONLY one)

**K 1 2 3 4 5 6 7 8 9 10 11 12**

STREET ADDRESS

\_\_\_\_\_

TOWN

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

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HOME Phone

(include AREA CODE) ( ) -

A Refund is being requested for:  
(check SEASON and PROGRAM)

Fall

**2 0 0**

Spring

YEAR

Recreation League / Micro-Soccer

Travel Program (indicate Team name)

Parent's/Guardian's FULL Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's or Guardian's Signature

Date 

M	M	/	D	D	/	Y	Y
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**If you paid by check / money order, this Request must include proof of payment:**

Copies of BOTH sides of paid check (returned to you with your bank statement or a copy which you have requested from your bank) or a copy of the Money Order used to pay this child's fee.

### THE FOLLOWING SECTION IS FOR USE BY EUSA ADMINISTRATION / STAFF ONLY

#### Refund Deductions

Rec/Micro Uniform \$20.00

Travel League Player Membership (indicate amount) \$

NJYS Insurance \$5.50

Credit Card / OLR Merchant Fee (indicate amount) \$

#### Refund Amount

\$

Program VP Signature

Date 

M	M	/	D	D	/	Y	Y
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Treasurer Signature

Date 

M	M	/	D	D	/	Y	Y
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EUSA Refund Check #