



Churchland Soccer League Refund Request Form

Date of Request: _____

Spring Season – Amount Paid \$ _____

Fall Season – Amount Paid \$ _____

Other (describe) _____

Player's Name: _____

Parent's Name: _____

Address: _____

Address: _____

Phone#: _____

Email: _____

Reason for refund: (subject to club approval)

Moving out of area

Pre Season Injury

Change of Mind

Overpayment (describe)

 Other (describe)

All refunds requests are subject to a \$10 per player processing fee. No refunds will be made following the first game of the season. Select/Travel Registration Fees, Donations, sponsorships, new field fees, fund raiser fees and merchandise purchases are non-refundable.

Parent Signature (required) _____

Mail Request To:

CSL Registrar

PO Box 5096

Portsmouth, VA 23703-5096

Processed by Registrar – Date: _____

Processed by Treasurer – Date: _____ Check # _____ Amt \$ _____