

REFUND REQUEST – Fall 2019
RECREATIONAL LEAGUE

Heart of Texas Soccer Association will provide a refund based upon the following format:

Date of Request	% Refunded
Before 7/27/19	100% - \$5 Service Charge
7/27/19 – 8/16/19	80%
8/17/19 – 8/30/19	60%

No refund requests will be accepted after August 30, 2019. All refunds will be issued within 30 days of receipt. Heart of Texas Soccer Association reserves the right to review each refund request and a refund award is not guaranteed.

Please complete the information below:

Player Name: _____ DOB _____

Parent/Guardian Name: _____

Mailing Address: _____

Email Address: _____ Phone #: _____

Reason for Request: _____

Relationship to player: _____

Mail to: Heart of Texas Soccer Assn., P.O. Box 1548, Hewitt, TX 76643 or submit via email to: registrar@hotsoccer.net

.....

FOR OFFICE USE:

Date stamp / Postmark: _____ Notified: Commissioner _____ Coach: _____

Amount Paid: Check _____ Cash/MO _____ Credit Card _____

Refund: Amount _____ Date Processed _____