

**St. Albert Soccer Association**  
**REFUND REQUEST**  
**DEADLINE: Outdoor – May 15/ Indoor- November 10**

**Admin Fee applies to ALL Refunds**

**SEASON:** \_\_\_\_\_

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**PLAYER INFORMATION**

DATE: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ **Gender:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Registered In:** ☐ Community ☐ Impact

☐ U4 ☐ U5 ☐ U6 ☐ U7 ☐ U9

Skills Development Training

☐ U11 ☐ U13 ☐ U15 ☐ U17 ☐ U19

☐ U9 ☐ U11/13 ☐ Keeper

**PARENT/GUARDIAN INFORMATION : Cheque payable to:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**REASON FOR REQUEST:**

**I have read and understand the SASA Refund Policy as posted on the SASA website.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Office use only:**

Date: \_\_\_\_\_ Refund amount: \$ \_\_\_\_\_ Cheque # \_\_\_\_\_

Approved by: \_\_\_\_\_ Entered ☐