



St. Albert Soccer Association

WITHDRAWAL REQUEST

DEADLINE: Outdoor - May 15 / Indoor - November 23

Administration Fee Applies to ALL Refunds

SEASON: _____

OPTIONS: **DONATE** ☐ **CREDIT** ☐ **REFUND** ☐

PLAYER INFORMATION:

Last Name: _____ First Name: _____
Date of Birth: _____ Gender: _____

Registered in: Community ☐ Club ☐ Skills Development Training ☐

U4 ☐ U5 ☐ U6 ☐ U7 ☐ U9 ☐
U11 ☐ U13 ☐ U15 ☐ U17 ☐ U19 ☐

PARENT/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____
Address: _____ Postal Code: _____
Phone: _____ E-mail: _____

REASON FOR REQUEST:

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

Signature: _____ **Date:** _____

Office use only:

Date: _____ Refund Amount: _____ Admin Fee: \$ _____
Approved by: _____ Entered: ☐