



**ST. VRAIN FC**  
1517 Main St. #D2  
Longmont, CO 80501  
Phone: 303-651-3109  
Fax: 303-684-0020

### REFUND REQUEST FORM

As stated and agreed upon in the registration process, it is SVFC's policy to only refund registration fees for the following reasons:

- A full refund will be applied if SVFC is unable to place the registered player within a program.
- A refund less \$10 handling fee if registration is cancelled before the registration deadline.
- A refund less \$25 handling fee if registration is cancelled after the registration deadline but before the first game. **Please note:** Team formation begins after the registration deadline; once your child is placed on a team, we turn others away from that spot. Therefore, if SVFC is unable to replace your child on the team, we can not offer a refund.
- After the season starts, we will only offer a refund less \$25 handling fee for out-of-state job related transfers, or injuries/illnesses documented by a physician. In the event of injury any refund request must be received by our office within two weeks of the injury or illness and be accompanied by a doctor's note, no exceptions.
- No refunds if more than 50% of the season has passed by the time of your request.
- No fees shall be refunded in the event of suspension of a player for disciplinary reasons, nor for temporary or permanent suspension due to unforeseen emergencies.

Complete the following information and mail or fax it to the SVFC Office.

Date of request: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Parent's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Reason for Request:

Moving to: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Forwarding address: \_\_\_\_\_  
\_\_\_\_\_

Injury or Illness (Please attach Doctor's note): \_\_\_\_\_

Other: \_\_\_\_\_

**Please allow 6-8 weeks processing time.**

Office use only					
Removed DII Date	_____	Int.	_____	Amt. Paid	_____
Ck#	_____	Amt. Credited	_____	Int.	_____