

CALGARY VILLAINS FC REFUND REQUEST FORM



Please complete the following Information for the club to review your Refund Claim

Date: _____ Player Name: _____

Age Group: _____ Phone : _____

Email: _____ Player Address: _____

Indicate the reason why you are requesting a refund?

- a) Team placement (this is not an accepted Refund Request)
- b) Injury For Whole Season (Must have doctors note included explaining injury and length of return)
- c) Other Reason (Yes or No)

Please let us know why your requesting a refund?

Email the completed form to our program lead villainsrefunds@gmail.com

Please note:

- Phone calls will not be accepted for Refund Claim.
- All appeals will be reviewed by Villains Refund Committee and will be up to 3 weeks to review.
- Families will be notified by email once the review is complete.

Club Section Only

Player Appeal Decision (Approved or Declined)

Admin Fee \$

Processing Fee\$