



# Durham Islamic Soccer League

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## Refund Request Form

Parent Name: \_\_\_\_\_

Player(s) Name: \_\_\_\_\_

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

Cheque Payable to: \_\_\_\_\_

Refund Request Reason:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### *Office Use Only*

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Amount Paid: \_\_\_\_\_

Payment Method: Cash Cheque Online

Fees Deducted: \_\_\_\_\_

Net Refund: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Authorized By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature