



REFUND POLICY: (This form must be filled out completely)
Refund requests should be sent to the attention of the **PASC** Registrar and must be postmarked **by the last day of registration**. Refund requests postmarked on or before this date will be issued **less a \$15 administrative fee**. Any non-refundable fees or expenses paid by **PASC** on a player's behalf will also be deducted from the amount of the refund.

Refund requests postmarked after registration closes will not be honored.

(Please print legibly)

Date: _____
Player Name: _____
Parent/Guardian: _____
Address: _____
City/State/Zip: _____
Phone: _____

Amount Paid: \$ _____

Reason for Refund Request **(Mandatory)** :

Mail refund request form to:
PASC Registrar
PO Box 462
Orefield, PA 18069

REFUND CHECKS will be ISSUED NO LATER THAN 60 Days after the close of the current registration cycle.



www.ParklandAreaSoccer.org
www.PASoccer.org