



OAKDALE YOUTH SOCCER LEAGUE
REFUND REQUEST FORM
RECREATIONAL PROGRAM ONLY

Date: \_\_\_/\_\_\_/\_\_\_

Please note that refund requests must be postmarked no later than June 15, 2010. Requests not received by June 20, 2010 will be denied, no exceptions.

Player Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name: \_\_\_\_\_
(Name as you would like it to appear on the refund check)

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

Contact Phone Number(s): Day \_\_\_\_\_ Evening \_\_\_\_\_

Method of original payment:
cash check Visa/Mastercard/Amex

Amount of original payment: \$\_\_\_\_\_ check number: \_\_\_\_\_
Please note that late fees will not be refunded. (leave blank if n/a)

Reason for refund: \_\_\_\_\_
(Optional, however your response may help us provide a program better suited to your needs in the future)

Please mail the completed form to: OYSL
PO Box 1670
Oakdale CA 95361

If you would like to check the status of your refund, please leave a message on the hotline listed below. Please allow 10-14 days for your refund to be processed.

(LEAGUE USE ONLY, DO NOT WRITE BELOW THIS LINE)

Date received: \_\_\_/\_\_\_/\_\_\_ Original Payment Amount: \$\_\_\_\_\_ Confirmed by: \_\_\_\_\_

Date of refund: \_\_\_/\_\_\_/\_\_\_ Amount of refund: \$\_\_\_\_\_ Check Number: \_\_\_\_\_

Refund completed by: \_\_\_\_\_ Title: \_\_\_\_\_