



Northumberland Soccer Club  
700 D'Arcy Street Unit #1,  
Cobourg, ON K9A 5T3 905-377-9361  
[info@northumberlandsoccer.com](mailto:info@northumberlandsoccer.com)



## House League Soccer COVID 19 Refund Request Form

Name of the Player \_\_\_\_\_

Birth Date \_\_\_\_\_

Reason for Refund \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Please submit this form immediately to the Club – there is a black drop box beside the office door if the office is closed when you arrive. Form can also be emailed to the association to the address at the top of this form.

<b>Office Use Only</b>	<b>Approved</b> <input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
_____	_____	_____
<b>Date Received</b>	<b>Refund Amount</b>	<b>Refund Date</b>