

# Edison United Soccer Association

## REFUND REQUEST FORM



Fill out Form (PLEASE PRINT CLEARLY) and mail with proof of payment to:

**Edison United Soccer Association**  
**PO Box 394**  
**Edison, NJ 08818**  
**Attn: TREASURER REFUND**

**Or EMAIL to**  
**REFUND@EdisonUnitedSoccer.com**

### IMPORTANT NOTICE REGARDING REFUND AMOUNTS

Please be sure that you understand the EUSA refund policy on our website. Service Fees are Non-Refundable. Travel Fees are NON-REFUNDABLE. Volunteer Work Bonds are NON-REFUNDABLE if you drop from a program. If you paid for your child's membership using a credit card, any and all merchant fees that are non-refundable to EUSA will be deducted from your refund amount.

Players Full Name: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE (circle one): Prek K 1 2 3 4 5 6 7 8 9 10 11 12 Adult

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

EMAIL: \_\_\_\_\_@\_\_\_\_\_.

A REFUND is being requested for: (check Season & PROGRAM)

FALL      WINTER  
 SPRING      SUMMER

YEAR  
 20\_\_\_\_\_

Kick & Play      Adult  
 Foundation      Other  
 Inter-County

Parent/Guardian Full Name: \_\_\_\_\_

REASON FOR REFUND REQUEST (supplying details helps our volunteers process your request):

Parent/Guardian Signature: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### THE FOLLOWING SECTION IS FOR USE BY EUSA PERSONNEL ONLY:

REFUND DEDUCTIONS:

- Recreation Refund - 50%
- NJYS Insurance - \$15.00
- Medical reimbursement - 50% (documentation provided within first 5 weeks)

Refund requested prior to start of season:  YES  NO

No Volunteer Work Bond Refund

Winter Program - \$30 Processing Fee

Program VP Signature: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_

Authorized Refund Amount: \$\_\_\_\_\_

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