

***Grosse Ile Soccer  
Association***  
**Refund Request Form**

Players Name \_\_\_\_\_

Players Address \_\_\_\_\_

Date of Request \_\_\_\_\_ Season Spring or Fall

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

\_\_\_\_\_

Method of Payment \_\_\_\_\_ Date of Payment \_\_\_\_\_

Make Refund Check Payable To \_\_\_\_\_

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

Please be advised that refunds must be approved by the board before a check can be issued. The board meets every third Monday of every month.

Please mail this form to the address below for refund.

**Grosse Ile Soccer Association**

**P.O. Box 23**

**Grosse Ile, MI 48138**