

SUNFLOWER SOCCER ASSOCIATION
REQUEST FOR REIMBURSEMENT/REFUND

Player: _____

Parent: _____

Street Address: _____

City/State/Zip: _____

Amount Requested: _____

Justification: _____

Signature: _____

Date: _____

Signature of Authorizing Officer: _____

(Please attach receipts or other items for verification purposes)

SSA Refund Policy: To receive a refund for recreational fees paid, please submit a written request (email is acceptable) to our office, prior to the first Saturday of scheduled league games. An administrative fee of \$15 will be assessed to the refund. No refunds will be given after the season starts.