



DEL-KO-BRYDGE SOCCER ASSOCIATION
P.O. BOX 134, Delaware, Ontario, N0L 1E0

Player Withdrawal and Refund Request

Player's Name:	
Mailing Address:	
Phone:	
Reason for Withdrawal:	
Parent or Guardian Name:	
Approved by Registrar	
Approved by Treasurer	
Refund Paid	

Mail to: Del-Ko-Brydge Soccer Association
P.O. Box 134
Delaware, Ontario
N0L 1E0

Requests will be processed at the monthly director's meeting and refunds will be mailed out following the meeting.

Refund for: _____
Cheque # _____ Amount _____