



Woden Valley Soccer Club Inc.

PO Box 522 Mawson ACT 2607

ABN 70 924 869 690

www.wvfootball.com.au

REGISTRATION REFUND REQUEST

I request a refund for fees paid to WVSC, for the(year) season.

Name of Player:			
Address:			
Phone:		Mobile:	
Team enrolled (if applicable):		FFA #:	

Amount Paid:	\$	Date Paid:		Method of payment:	
Email Address:					

BANKING DETAILS FOR REFUND

Account Name	BSB Number	Account Number

REASON FOR REFUND

- Illness/Injury Moved Region/State No longer playing
- Other _____

Players must submit their completed Refund Request form via email to admin@wvsc.org.au. No refunds are guaranteed and are based on the Registration Fees Policy and at the discretion of the WVSC Committee.

One form should be completed for each refund request.

If approved, the refund will be paid by the Treasurer to the nominated bank account based on the payment schedule set out in the Registration Fees Policy.

FOR TREASURER USE ONLY:	
Payment receipt #:	
Amount to refund:	
Date of Refund EFT:	