

Manhattan Surf Soccer Club Credit Request Form

Account Holder Name: _____

Player Name: _____

Players Team or Program: _____

Reason for Refund Request (Please Circle)

Medically documented injury that prevents finishing the season
(please attach *Documentation*)

Medically documented illness that prevents finishing the season
(please attach *Documentation*)

Moving out of a Surf Nation area
(please attach *Documentation*)

Other If "other"

please explain:

Account Holder Signature: _____ Date: _____

ALL FORMS AND DOCUMENTATION ARE TO BE EMAILED TO INFO@MHKSURFSOCCER.COM