

# Manhattan Surf Soccer Club Refund 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:*

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Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL FORMS AND DOCUMENTATION ARE TO BE EMAILED TO [INFO@MHKSURFSOCCER.COM](mailto:INFO@MHKSURFSOCCER.COM)**