

# Stanwood Camano Youth Soccer Club

PO Box 815, Stanwood, WA 98292

<http://scysc.com>

[info@scysc.com](mailto:info@scysc.com)

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## Refund Request

Please Note:

- Refund requests must be postmarked before the first scheduled game of the season.
- Refunds will be processed via check and are subject to a \$10 administrative fee.

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Players Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M / F

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for Request : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Please mail the completed form to: SCYSC, PO Box 815, Stanwood, WA 98292