



Brampton Soccer Club - Est. 2019
 One Club. One Vision. Stronger Together.

COACHING CLINIC REGISTRATION REFUND

Date:

Payable to:

Name:

Address:

City:

Province:

Postal Code:

Phone Number: () -

Email:

Order Number:

will pick up

mail

(\$35 service charge per refund)

*****Please note: no refund will be given 7 days prior to the course start date***

explanation:

Registration fee paid by:

Visa MasterCard American Express Debit/Cash

Please note: if you paid by Visa or MasterCard, your refund will be processed to that method of payment. All others will be issued via Club cheque.

CREDIT CARD#		EXPIRY DATE		CVV (LAST 3 DIGITS ON THE BACK OF SIGNATURE PANEL)	
--------------	--	-------------	--	--	--

FOR OFFICE USE ONLY...

CHQ #

DATE

APPROVED BY

VISA/MC/AMEX

DATE

APPROVED BY

Refund Received:	<input type="checkbox"/>	
Deleted from Registration System :	<input type="checkbox"/>	
Deleted from E2E:	<input type="checkbox"/>	
Mailed Cheque:	<input type="checkbox"/>	
Signature (cheque picked up)		