



Bonivital Soccer Club
100 Sunset Boulevard, Winnipeg, MB R2M 0X5
www.bonivitalsoccer.com | 204.257.GOAL | info@bonivitalsoccer.com

REFUND REQUEST

DATE: _____

Name: _____ (cheque payable to)

Address: _____ City: _____

Province: _____ Postal Code: _____

Contact Number (Day): _____ Email: _____

Participant Name: _____

Program: _____

Reason for request:

Please note all refunds are subject to a \$50 admin fee. If your refund request is due to an injury, or other medical/compassionate reason, a doctor's note may be requested.

Once completed, please:

- Return this form to 100 Sunset Boulevard
- Allow up to 30 days for processing.
- Note that cheques will be mailed to the address above.
- Note that this form must be completed in its entirety.

Signature: _____

OFFICE USE ONLY

Approved | Denied Total fee: \$ _____ Amount to be Refunded: \$ _____

Variance Explanation: _____ Refund by: CC CHEQUE

Authorized by: _____