



Registration Fee Refund/Fee Transfer Request Form

Date: _____

Players Name: _____

DOB: _____

Season Requesting Refund:

Spring 20 _____

Fall 20 _____

Type of Refund:

Transfer Fees to the following season:

Spring 20 _____

Fall 20 _____

Amount to Transfer: \$ _____

Registration Fee Refund:

Amount Paid: \$ _____

Cal South Fees: \$ _____

Total of Refund: \$ _____

Subtract the Cal South Fees from the Amount Paid for the total of refund being issued to the player

Check Payable to:

Name: _____

Address: _____

Reason for the Transfer/Refund:

VSSC Use Only:

Form filled out by: _____

Date Check Issued: _____

Check # _____

Date Fees Transferred: _____

Initials of Issuer: _____

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