

Albany-Berkeley Soccer Club
A member of the Alameda-Contra Costa Youth Soccer League

Refund Request Form

Season and year to which this refund applies (e.g. Fall 2008, Spring 2009): _____

Parent's Name _____ Date of this request _____
(Refund check will be issued to the above-named person.)

Address _____

City _____ Zip _____ Phone: _____

Player's name(s) _____ Age Group(s): _____

Registration fees paid _____ Date paid _____ Check # _____ On-line Pmt
Fill in the section below that applies.

Volunteer Deposit Refund

See our website www.abscsoccer.com for a list of valid volunteer jobs for which refunds are provided.

Volunteer Job(s) _____

No. of hours worked _____ Contact who can verify your work _____

Withdrawal Refund

Name of player withdrawing _____ Coach _____

Reason for withdrawing _____

Referee Reimbursements

For 'Affiliated Referees' only (510-558-0634 ksteinmeyer@alumni.ucsd.edu for info)

Name of Affiliated Referee _____

No. of games officiated as Center or Assistant Referee _____

Minimum of 5 games per season to qualify for reimbursements below.

Yes, refund the \$100 volunteer deposit paid at registration for this season.

Cost of referee uniform/equipment __\$ _____

Limit = \$60/season.

Receipts must be attached.

Team Reimbursements

Team Name/Coach Name/Age Group: _____

Cost of refills for Team First Aid Kit: __\$ _____

Limit = \$10/season. Receipts must be attached.

Cost of ONE upgraded Puma ABSC uniform per team per season: __\$ _____

Receipt must be attached.

Mail completed form to:

ABSC Refunds * 1442-A Walnut St * Box 426 * Berkeley CA 94709

Refund amount \$ _____	For office use only
Approved by _____	Date _____
Date Paid _____	Check # _____

form updated 1-09