

**Toukley Gorokan Soccer Club Inc.**  
**Request for Refund of Registration Fee**

**Refunds will not be considered once teams have been nominated into the CCF competition.**

**Details of Player:**

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

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

Contact No's: \_\_\_\_\_

Team: \_\_\_\_\_ FFA Number: \_\_\_\_\_

**Reason for Refund:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Player or parent/carer if player under 18 years)

**TGSC Use Only**

Amount paid: \_\_\_\_\_ Original Receipt No: \_\_\_\_\_ Date paid: \_\_\_\_\_

**Deductions:**

Team Nomination Fee: \$ \_\_\_\_\_

Player Nomination Fee: \$ \_\_\_\_\_

Items Supplied: \$ \_\_\_\_\_

Administration Fee: \$ \_\_\_\_\_

**Total Refund Due:** \$ \_\_\_\_\_

Has refund been approved by Committee? Yes/ No

Signed:  
Registrar: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Refund cheque sent on \_\_\_\_\_ (date)

**Please submit to The Secretary PO Box 262 Toukley NSW 2263**

