



East Hanover Soccer Club

Refund Request for the Recreation Program

We (I) certify that to the best of my knowledge the above information is true and accurate.

X _____
Parent/Guardian Signature

_____/_____/_____
Date

PLEASE RETURN THE COMPLETED FORM IN A SEALED ENVELOPE, MARKED

“ATTENTION: East Hanover Soccer Club President” to the Recreation Department

Or

MAIL IT DIRECTLY TO:

President
East Hanover Soccer Club
PO Box 212
East Hanover, NJ 07936

**DO NOT WRITE IN THIS SPACE
FOR EHSC BOARD USE ONLY**

Refund Request Received on date: _____/_____/_____

Refund Request Approved: _____

Request Denied _____

Amount Requested \$ _____

Multiplayer Discount Subtracted (if any) \$ _____

\$6.25 NJYS Fee is not refundable - \$6.25

Amount Approved \$ _____

X _____
East Hanover Soccer Club
President

_____/_____/_____
Date