

**CALGARY WEST SOCCER CLUB
ICHL YEAR END REFUND**

AGE GROUP (Circle One): U8 U10 U12 U14 U16/18 GENDER: Male Female Mixed

TEAM NUMBER: _____

COACH: _____

NUMBER OF PLAYERS ON TEAM: _____

AMOUNT OF REFUND: _____

Refund Payable To:

Name: _____

Address: _____

Postal Code: _____

Please forward this sheet along with the receipts to receive your year end refund from the Calgary West Soccer Club. Each team will receive up to a maximum of **\$10 per player** for a year end team party. Please drop off the forms and receipts to the following address:

Crowfoot UPS Store
PO Box 628
#105 – 150 Crowfoot Cres NW
Calgary, Alberta
T3G 3T2