

# ODP REFUND POLICY



*Refund requests must be made by completing the ODP Refund Request Form. Documentation (Dr. 's note) is required to submit the form. Only documented player injuries will be considered for a refund, minus a \$25 administration fee.*

*There is no pro-rating of sessions or rolling-over to a future event.*

## REQUEST FOR REFUND - ODP

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

Birth Date: \_\_\_\_\_

Event: \_\_\_\_\_

Paid by: \_\_\_\_\_

Email address: \_\_\_\_\_

Address, City, State, ZIP: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Total Refund: \_\_\_\_\_

**Doctor's Note must be attached.**

Please return to: Kevin Laux, [kevin@alsoccer.org](mailto:kevin@alsoccer.org) Fax: 205-991-3736

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Kevin Laux, Technical Director