

# Coaches Incentive Refund Request



**REFUND POLICY:**

Refund request should be sent to the attention of the NCYSA Registrar. See refund policy guidelines at the NCYSA website: [www.nelsoncountyyouthsoccer.com](http://www.nelsoncountyyouthsoccer.com)

REQUESTOR INFORMATION		
Head Coach Name: <small>Click here to enter text.</small>	Phone: <small>Click here to enter text.</small>	
Address: <small>Click here to enter text.</small>		
City/State/Zip: <small>Click here to enter text.</small>		
Email Address: <small>Click here to enter text.</small>		
COACH CERTIFICATION(S)		
<small>(Select all that apply, if certification is not on file with league, coach will need to send a copy to NCYSA.)</small>		
Youth Module/F license <input type="checkbox"/>	Youth Technical <input type="checkbox"/>	E License <input type="checkbox"/> D License <input type="checkbox"/>
TEAM (S) COACHED		
Team Name: <small>Click here to enter text.</small>	Age Group: <small>Click Here</small>	Gender: <small>Choose an item.</small>
Team Name: <small>Click here to enter text.</small>	Age Group: <small>Click Here</small>	Gender: <small>Choose an item.</small>
PLAYER(S) NAMES FOR REQUESTING REFUNDS <small>(Late fees will not be refunded)</small>		
NAME	AGE GROUP	AMOUNT PAID \$
<small>Click here to enter text.</small>	<small>Click Here</small>	<small>Click Here</small>
<small>Click here to enter text.</small>	<small>Click Here</small>	<small>Click Here</small>
<small>Click here to enter text.</small>	<small>Click Here</small>	<small>Click Here</small>
<small>Click here to enter text.</small>	<small>Click Here</small>	<small>Click Here</small>
TOTAL REFUND AMOUNT REQUESTED		\$

Click here to enter a date.

COACH SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Send completed form by:**

**Mail:** \_\_\_\_\_ **or** **Email:** Go to <http://nelsoncountysoccerclub.com/board-of-directors> to get email address for registrar.  
 NCYSA Registrar  
 PO Box 821  
 Bardstown, KY 40004

**For NCYSA Internal Use Only:**

Coach Certifications/Teams are on file with NCYSA:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registrar Signature: _____		Date: <small>Click here to enter a date.</small>	
Coach is in good standing with NCYSA		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age Group Commissioner Signature: _____		Date: <small>Click here to enter a date.</small>	
Requested Amount of Refund: \$ _____	_____ Treasurer Signature Date: <small>Click here to enter a date.</small>		
Deductions: \$ _____			
Amount to be Refunded: \$ _____			