



LA Galaxy San Diego

LAGSD is a 501 c.3 non-profit organization
5315 Avenida Encinas, Suite 200
Carlsbad, CA 92008

SAN DIEGO

Request for Refund Form - Competitive

Player:	Team:	Date:
Check Payable to:		
Mailing address:		
City:		
State/Zip:		
Email address:		
Contact number:		

Reason for Refund: *Season Ending Injury – Date of Injury _____
*For Season Ending Injury, please include a doctor note

Moving out of San Diego County (attach documentation)

Other _____

Refund Policy

Deposits are **non-refundable**.

- For YOUNGERS (2011-2004) Before April 15, 2017 (Presidio/SDDA League Team Applications deadline)
- For OLDERS (2003-1998) Before June 1, 2017 (Presidio/SDDA and Coast League Team Applications deadline):
 - Refund 75% of the registration fee (less deposit)
- 5/16/17 – 6/14/17 (Presidio/SDDA and Coast League Team Fees deadline, drop fees are incurred)
 - Refund 66.6% of the registration fee (less deposit)
- 6/15/17 - 7/14/17 (Presidio/SDDA and Coast League game schedules deadline, drop fees are incurred)
 - Refund 33.3% of registration fee (less deposit)
- 7/15/17 & after (Drop Fees incurred. 2017/18 player passes are generated)
 - NO REFUND

Please attach all documentation to this form
and email to: refunds@lagalaxysd.com or mail to:

LA Galaxy San Diego
5315 Avenida Encinas, Suite 200,
Carlsbad, CA 92008
Attn: Refunds

Club Use Only
Approved by: _____
Account: _____
Class: _____
Date: _____