



LA Galaxy San Diego

LAGSD is a 501 c.3 non-profit organization
5375 Avenida Encinas, Suite C
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**.

- Within 10 days after the registration deadline: Full refund (less deposit)
- Within 40 days after the registration deadline: 75% of the registration fee (less deposit)
- Within 70 days after the registration deadline: 66.6% of the registration fee (less deposit)
- Within 100 days after the registration deadline: 33.3% of the registration fee (less deposit)
- 101+ days after the registration deadline: NO REFUND

*** Refunds to be considered only if a player is leaving because either the family has moved out of the geographical area or the player has suffered a season-ending injury.*

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

LA Galaxy San Diego
5375 Avenida Encinas, Suite C,
Carlsbad, CA 92008
Attn: Refunds

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