



Region 84 Refund Request form

www.ayso84.org

I request that the following player be withdrawn from AYSO Region 84:

Player Name: _____

Date of Birth: _____ Division: _____

I hereby confirm, as the Parent / Guardian that the player (mark those that apply):

Has not practiced or played in Region 84 for the Fall season

Was not issued a uniform in Region 84 for the Fall season

Please check your registration papers for the following information:

Amount Paid: _____ Date: _____

Please send my refund to the following payee and address:

Payee Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

PLEASE NOTE: Refund requests for the Fall '11 season must be submitted in writing and be postmarked no later than 7/01/11. Refund requests sent via email or fax will not be accepted. The form must be filled out in entirety to obtain the refund. Refunds will be mailed after 9/30/11 to players that meet this deadline and in accordance to the amount paid taking into consideration the family maximum and the \$15 non-refundable fee. Drop notices to coaches or refund requests received after 7/01/11 will not be refunded. Players not placed on a team by the Region will be mailed their original check after 9/30/11. This request is subject to review by the Regional Commissioner, Registrar and Treasurer before being approved.

Parent / Guardian signature: _____ Date: _____

Mail request to:
Registrar - AYSO Region 84
P.O. Box 6080-178
Mission Viejo, CA 92690