



Mission Viejo Region 84 Refund Request Form

I request that the following player be withdrawn from AYSO Region 84:

Player Name:

Date of Birth:

Division:

I hereby request as the parent/guardian that the player (mark those that apply);

() has not practiced or played in Region 84 for this Fall Season.

() was not issued a uniform in Region 84 for this Fall Season.

Please check your registration papers for the following information:

Amount Paid:

Date:

Please send any refund to the following payee and address:

Payee Name:

Address:

City, State, Zip:

Phone:

Please note: Refund requests for the Fall 08 season must be submitted in writing and be postmarked no later than 8/31/08. 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 9/30/08 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 8/31/08 will not be refunded. Players not placed on a team by the Region will be mailed their original check after 9/30/08. This request is subject to review by the Regional Commissioner, Registrar and Treasurer before being approved.

Parent/Guardian Signature:

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