

Region 84 Refund Request form

I request that the following player be withdrawn from AYSO Region 84:

Player Name:				
Date of Birth:			□ Boys □ Girls	
Please indicate the reason t	for withdrawing:			
Season: 🛛 Fall 2022 🛛	Spring 2023 *Note that	at refunds are n	ot provided for Win	ter
Amount Paid:	Ck # or online:	Date:		
Please send my refund to th	ne following payee and	address:		
Payee Name:				
Address:				
City, State, Zip:				
Phone:				
PLEASE NOTE: Refund req be postmarked or emailed no must be postmarked or emaile	later than 7/01/22. Refu			

The form must be filled out in entirety to obtain the refund. Refunds will be mailed within 60 days to players that meet this deadline and in accordance to the amount paid taking into consideration the family maximum and the \$20 non-refundable fee. Drop notices to coaches or refund requests received after 7/01/22 for Fall 2021 or 1/15/23 for Spring 2023 will not be approved for a refund. This request is subject to review by the Regional Commissioner, Registrar and Treasurer before being approved.

Parent / Guardian signature:	Date:	
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Scan and E-mail completed form to:

4U-8UUppersRegistrar@ayso84.org (Divisions 4U-8U, 16U, 19U) 9U-14URegistrar@ayso84.org (Divisions 9U-14U) **OR** Mail request to: Registrar - AYSO Region 84 P.O. Box 6080-178 MV, CA 92690