



Region 84 Refund Request form

I request that the following player be withdrawn from AYSO Region 84:

Player Name: _____

Date of Birth: _____ Division: _____ Boys
 Girls

Please indicate the reason for withdrawing:

Please check your registration papers for the following information:

Amount Paid: _____ Check # : _____ 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 2017 season must be submitted in writing and be postmarked no later than 7/01/17. 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 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 7/01/17 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: _____

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