

Do not write in this space. Regional use only.

Date: ___ / ___ / ___ Receipt No. _____



Region 630 – Spring Refund Request

Divisions U5 through U19

Balanced teams require drops are turned in early. Thank you for your help!

Player's Name _____ Phone Number _____

Address _____ City _____ Zip _____

Player's Date of Birth ____ / ____ / ____ E-mail address _____

Mother's Name _____ Father's Name _____

Phone Number _____ Phone Number _____

Fall Coach (if known) _____ Division (circle one)

Team No. (if known) _____ GU5 GU6 GU7 GU8 GU10 GU12 GU14 GU16 GU19
BU5 BU6 BU7 BU8 BU10 BU12 BU14 BU16 BU19

Did you receive a uniform? Yes No If yes, was it returned? Yes No Date _____

Address (to mail refund) _____ City _____ Zip _____

Reason for Refund (Please choose one of the following.)

Player or family cannot make the required commitment. Moving out of the area. Not interested after all.

Explain: _____

Decided to play for another soccer league or club. Where? _____

Player is committed to another sport or activity.

Explain: _____

Concerns over: Team/Coach placement Practice Days or Location Game Schedule or Location

Explain: _____

Other

Explain: _____

Refund requests for the current Spring season must be submitted in writing and be postmarked no later than 1/15. 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 2/28 to players that meet this deadline. Refund requests received after 1/15 will incur a \$25.00 fee. Players not placed on a team by the Region will be mailed their original check after 2/28. If the player has practiced or played with the team prior to the refund request, the request is subject to review by the Regional Commissioner before being approved. Request for refund for the current spring season received after 2/15 will not be honored. Players who are placed on a team who decide to drop will not get a refund.

Mail refund requests to:
AYSO Region 630
31441 Santa Margarita Parkway, Box A-280, Rancho Santa Margarita, CA 92688
Attn: Treasurer

Fold in half, tape closed, attach a stamp and mail. DO NOT STAPLE!

Refund approved _____ Treasurer _____ Date _____