

REQUEST FOR PLAYER DROP / REFUND

Refunds subject to deduction for incurred expenses. Each request is reviewed and approved individually by the Regional Board. If approved, allow 4-6 weeks for receipt of refund.

Dear Board of Directors,

The following Registered Player will not be able to participate in the upcoming season for Region 269. Please drop his/her name from your records. We understand that if we decide to re-register, we will be placed at the bottom of the waiting list and may not be able to be placed on a team if no space is available.

Date of Request: _____

Player's Full Registered Name: _____
(First, Middle, Last)

Boy: ___ Girl: ___ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Full Name: _____

Phone: Daytime () _____ Evening: () _____

Reason for Drop: _____

Parent Signature: _____

Mail to: AYSO Region 269, PO Box 700826, Kapolei, HI 96709-0826

*****FOR OFFICE USE ONLY*****

Age Group Coordinator: _____
(Sign & Date)

Treasurer: _____
(Sign & Date)

Regional Commissioner: _____
(Sign & Date)