



## REGION 862 PLAYER REFUND REQUEST FORM

Please complete this form and mail to: AYSO Refund, PO Box 254, St. Johns, MI 48879.  
You can expect your refund in Four to Six weeks. (No other version will be accepted)

**Date:** \_\_\_\_\_ **Community:**(BA,LB,SJ,O-E,PT,DW) \_\_\_\_\_

**Player's Name:** \_\_\_\_\_

**Team or Age Division:** \_\_\_\_\_

**Original Payment Type:** (please circle one) Check      Credit Card

**Payment Amount:** \_\_\_\_\_

Number of Family Members/Players Registered: \_\_\_\_\_

Number of Players Dropped: \_\_\_\_\_

Number of Players Still Playing: \_\_\_\_\_

---

### **AYSO Region 862 Refund Policy:**

The refund policy of the Region 862 is to give a full refund if a player is **removed prior to participation in the assigned team practices**. The refund will be reduced by half after that and will be available upon return of the uniform, if one was issued. No refunds will be given after the player plays the first game of the team schedule.

I have read and understand the AYSO refund policy.

**Signed:** \_\_\_\_\_

**Print name and address where the check can be mailed or you will be notified of Credit Card Refund.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

The AYSO Philosophy

Everyone Plays- Balanced Teams-Open Registration-Positive Coaching-Good Sportsmanship-Player Development

---

Treasurer Use Only: Check/ Transition Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Revised 5/28/2014)