



Drop Form

AMERICAN YOUTH SOCCER ORGANIZATION

a nonprofit corporation dedicated to youth soccer

ONTARIO/MONTCLAIR AYSO REGION 66

P.O. BOX 1517

ONTARIO, CA 91762-0517

PARENT

Players Name _____ Player ID# _____

Division _____ Team Number _____ Team Name _____

Players Phone Number _____

Reason for Drop _____

Refund Checks will be made payable to the player's parent and mailed to the Player's home address, unless otherwise designated below.

Alternate Payee _____

Alternate Address _____

I the undersigned realize that I may not receive a full refund. Refunds are based on Amount paid (i.e. Family Discounts) and non-recoverable costs incurred by the Region for the player named above.

Parent Signature _____ Date _____

COACH *

Coach's Name _____ Date _____

Coach's Phone Number _____ Uniform Returned (Y/N) _____
Attended a Team Practice (Y/N) _____

Divisional Commissioner's Signature _____ Date _____

REGISTRAR / TREASURER

Amount Paid \$ _____ Date Received by Registrar _____

(Less Processing Fee) - \$ _____ Date Check was mailed _____

Check Number _____

AYSO Player Membership Fee \$20.00

AYSO PLAYER MEMBERSHIP FEE IS NON-REFUNDABLE

* THE COACH SECTION MUST BE FILLED OUT AFTER THE COACHES HAVE BEEN GIVEN THEIR TEAMS

Total Refund \$ _____