



## 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 \_\_\_\_\_

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## COACH \*

Coach's Name \_\_\_\_\_ Date \_\_\_\_\_

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

Divisional Commissioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## REGISTRAR / TREASURER

Amount Paid \$ \_\_\_\_\_ Date Received by Registrar \_\_\_\_\_

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

Check Number \_\_\_\_\_

**AYSO Player Membership Fee \$17.50**

**AYSO PLAYER MEMBERSHIP FEE IS NON-REFUNDABLE**

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

**Total Refund** \$ \_\_\_\_\_