



Region 137
Hemet, CA

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

Player Drop Request Form

--- To be filled out by Parent and Coach---

Fall Spring Boys Girls U-19 U-16 U-14 U-12 U-10 U-8 U-6

Team # _____ Coach Name _____ Date _____

Drop Requested by: Parent/Guardian Coach Player Name _____

Parent Name _____

Mailing Address _____

Reason for drop request: Player has a medical reason Player chose not to play

Please give reason for above: _____

Player moved (please make sure address above is the one refund s/b mailed to)

Other _____

Did player attend practice? Yes No Attend games? Yes No

If yes, how many? _____ If yes, how many? _____

Did Player receive a uniform? Yes No If yes, was it returned? Yes No

Coach Signature: _____ (By signing coach verifies information above is correct.)

Verification: Parent/Guardian must confirm the request to drop by signing below:

Parent Signature: _____

This section to be filled out by AYSO Region 137:

Received by: _____ Date of Registration: _____ Check # _____

Registrar _____ Player Registered? Yes No Total Fee Paid? \$ _____ CC # _____

Date Received _____ Cash

Signature of Registrar: _____

(If parent/guardian did not sign above, but sent in an email, attach copy of email to drop form in lieu of signature.)

Treasurer _____ Refund Amount: \$ _____ Check Number _____ Date of Check _____

Date Received

Signature of Treasurer _____