

AYSO Region 8 - Granada Hills, CA Refund Request form

I request that the following player be withdrawn from AYSO Region 8.

PLEASE NOTE: Refund requests for the Fall season must be submitted using this form and be postmarked no later than August 30. Refund requests sent via email message or fax message will not be accepted. Refunds will only be accepted when this form completed and mailed (see address below) or send via email as an attachment. Refunds will be mailed within 30 days to players that meet this deadline and in accordance to the amount paid taking into consideration the family maximum and the \$30 non-refundable fee. Refund requests received on/after September 1 will not be accepted/approved for a refund. This request is subject to review by the Regional Commissioner, Registrar and Treasurer before being approved.

Player Name: _____

Boy / Girl (circle one)

Date of Birth: _____

Age (as of 6/30): _____

Please indicate the reason for withdrawing:

Please check your registration papers for the following information:

Amount Paid: _____

Date: _____

Check / Credit Card (circle one)

Please send my refund to the following payee and address:

Payee Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Mail request to:

AYSO Region 8

18017 Chatsworth St. #216

Granada Hills, Ca 91344

Parent / Guardian signature

Date

