



Region 84 Refund Request form

I request that the following player be withdrawn from AYSO Region 84:

Player Name: _____

Date of Birth: _____ Division: _____ Boys
 Girls

Please indicate the reason for withdrawing:

Season: Fall 2019 Spring 2020 *Note that refunds are not provided for Winter

Amount Paid: _____ Ck # or online: _____ Date: _____

Please send my refund to the following payee and address:

Payee Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

PLEASE NOTE: Refund requests for the Fall 2019 season must be submitted in writing and be postmarked or emailed no later than 7/01/19. Refund requests for the Spring 2020 season must be postmarked or emailed no later than 1/24/20.

The form must be filled out in entirety to obtain the refund. Refunds will be mailed within 60 days to players that meet this deadline and in accordance to the amount paid taking into consideration the family maximum and the \$20 non-refundable fee. Drop notices to coaches or refund requests received after 7/01/19 for Fall 2019 or 1/24/20 for Spring 2020 will not be approved for a refund. This request is subject to review by the Regional Commissioner, Registrar and Treasurer before being approved.

Parent / Guardian signature: _____ Date: _____

Mail request to:
Registrar - AYSO Region 84
P.O. Box 6080-178
Mission Viejo, CA 92690