



AYSO REGION 111 SAN CLEMENTE



Refund Request Form

- Fall season refund request – July 1 deadline
- Spring season refund request – December 31 deadline

I request that the following player be withdrawn from AYSO Region 111, San Clemente:

Player Name: _____ Boys

Date of Birth: _____ Division: _____ Girls

Please indicate the reason for withdrawing:

I hereby confirm, as the Parent / Guardian that the player (mark those that apply):

- Has not practiced or played in Region 111 for the indicated season
- Was not issued a uniform in Region 111 for the indicated season

Please check your registration papers for the following information:

Amount Paid: _____ Check # : _____ Date: _____

Please send my refund to the following payee and address:

Payee Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

PLEASE NOTE: Refund requests must be submitted in writing and be postmarked or received at our P O box no later than 7/01/17 for the fall 2017 season or December 31, 2017 for the spring 2018 season. Refund requests sent via email or fax will not be accepted. The form must be filled out in its entirety to obtain the refund. Fall season refunds will be mailed after 9/30/17 and spring season refunds will be mailed after 3/31/18 to players that meet the stated deadline and in accordance to the amount paid taking into consideration the family maximum and the \$30 non-refundable fee. Drop notices to coaches or refund requests received after the stated deadline 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 111
647 Camino de los Mares, Suite 108, PMB 164
San Clemente, CA 92673**