



# AYSO Region 503

198 N Nevada Way

Gilbert, AZ 85233

AYSO503.ORG Email: AYSO503@COX.NET



## REQUEST FOR REFUND OF REGISTRATION FEES

The following player will not be participating in the 2011 soccer season.  
Please drop his/her name from your records.

I understand that my registration fee will be refunded in full or in partial depending on conditions below and a completed/signed refund request form and a self addressed stamped envelope is postmarked prior to the cut-off dates below:

1. Prior to first practice: Full refund\*\*
2. After first practice begins and before 2<sup>nd</sup> game: Full refund minus \$ 20.00 administrative fee\*\*
3. After 2<sup>nd</sup> game, will be on a case by case basis, and a partial refund may or may not be granted\*\*. Full refunds will not be granted.

\*\*If a uniform has been issued, the uniform is returned in unused or good condition (washed) if worn.  
If uniform is not returned, no refunds will be granted.

**Mail this form with a self-addressed stamped envelope to address above**

Today's Date \_\_\_\_\_

Players Full Registered Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Division (if known): \_\_\_\_\_ Coach (if known): \_\_\_\_\_

Make refund check out to: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for Drop (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Please note, once we receive your request, your player will be dropped from the roster.  
Please allow 2 – 4 weeks for check

----- AYSO Region 503 Use Only -----

Registrar : \_\_\_\_\_ RC: \_\_\_\_\_ Treasurer: \_\_\_\_\_ Uniform Returned: \_\_\_\_\_

Date Check Mailed: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Dropped: \_\_\_\_\_ NSTC \_\_\_\_\_

If refund is not being granted, please list reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_