

San Clemente AYSO Region 111

Refund Request

Player's Name _____ Phone Number (____) _____ - _____

Address _____ City _____ Zip _____

Player's Date of Birth _____ E-mail Address _____

Mother's Name _____ Father's Name _____

Phone Number _____ Phone Number _____

Division (circle one)

GU5 GU6 GU7 GU8 GU9 GU10 GU11 GU12 GU14 GU16 GU19

BU5 BU6 BU7 BU8 BU9 BU10 BU11 BU12 BU14 BU16 BU19

Did you Receive a uniform Yes No

Reason for Refund (Please choose one of the following)

- Player or family can not make the required commitment Moving out of the area
- Not interested after all Decided to play for another soccer league or club
- Player is committed to another sport or activity Concerns over Team/Coach placement
- Practice Days or Location Game Schedule or Location
- Other _____

Refund requests must be submitted in writing and received before the start of play to receive a full refund. If the request is received after the start of season play there will be a \$20.00 fee deducted from your registration payment. This form must be submitted to obtain a refund. **Refunds will be mailed to the player address unless otherwise noted.**

Signature of Requesting Parent/Guardian

Date

Mail to: San Clemente AYSO – Region 111
647 Camino de los Mares, Suite 108, PMB 161
San Clemente, CA 92673