REGUEST FOR PLAYER DROP / REFUND

Ask Registrar for: (1) Last Day for Full Refund, (2) Last Day for Partial Refund

The following registered player will not participate for AYSO Simi - Region 121. Please drop his or her name from your records. We understand that if we decide to re-register, we will be placed on the waiting list and may not be able to be placed on a team if there is no space available.

Players Full I	Registered Name: First	Last		_
Boy Gir	rl Date of Birth			
Address				
City	State	Zip Co	ode	
Primary Pare	ent Name: First	Last		
Daytime Pho	ne Number			
Paid by:	Credit Card	Check	Cash	
Detailed Exp	lanation of Reason for Drop	pping:		
	end refund:			
Signature		Date of Request:		
	form to: registra	ted form to the AYSO I ar121@gmail.com ow 4 to 6 weeks for re	Region 121 Registrar or e	mail the completed
	*	**** For Official Use Onl	y ****	
Division Dire	ector:			
Regional Con	nmissioner:			
Registrar:				
Treasurer:				

Please mail this form to:

AYSO Region 121 P.O. Box 940298 Simi Valley, CA 93094 Attn: Registrar