



TULARE AYSO REGION 255

AMERICAN YOUTH SOCCER ORGANIZATION
P.O. Box 2274 • Tulare, CA 93275 - www.AYSO255.org



DROP PLAYER FORM

Parent:

Player's Name: _____ Player ID# _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

Division: _____ Team Number: _____ Team Name _____

Reason for Drop: _____

I, the undersigned realize that I may not receive a full refund. Refunds are base on amount paid (i.e. Family Discounts) and non-recoverable costs incurred by Region 255 for the player named above.

Parent Signature _____ Date: _____

Region will refund your registration fee less twenty-five (\$25.00). After the first game, partial refund will be issued. Requests can be submitted online or by mail. If request is submitted by mail, please mail this fully completed accompanied by self-addressed stamped envelope.

Online request form can be submitted at: <http://drop.ayso255.soccer>

By Mail send request to: Tulare AYSO Region 255, PO Box 2274, Tulare, CA 93275

Coach (If Available):

Coach's Name: _____ Date: _____

Coach's Phone Number: _____ Uniform Provided: _____

Player Attended Practice : _____ Uniform Returned: _____

AYSO Region 255 Only:

Amount Registration Paid: _____

Date Received by Registrar: _____

(Less Fees \$25.00): _____

Date Received by Treasurer: _____

After First Game Fee: _____

Treasurer Signature: _____

Total Refund Due: _____

RC Signature: _____

Check Number: _____

Date Check Mailed: _____