**Region 137**
**PO Box 427**
**San Jacinto, CA 92581-0427**

**Everyone Plays-Good Sportsmanship-Open Registration-Balanced Teams-Positive Coaching-Player Development**

**Player Drop Request Form To be filled out by Parent and Coach(if player attended a practice)**

▢Fall ▢Spring ▢Boys ▢Girls ▢U19 ▢U16 ▢U14 ▢U12 ▢U10 ▢U8 ▢U6▢Playground

Team #_____ Coach Name_____ Date_____

Drop Requested by: ▢Parent/Guardian

Player Name_____Parent Name_____

Mailing Address_____

_____

Reason for drop request:

▢The player has a medical reason ▢ The Player chose not to play

Please give reason for above:_____

▢The player moved (please make sure the address above is the one refund s/b mailed to)

▢Other_____

ONLY NEED TO COMPLETE IF ATTENDED A TEAM MEETING OR PRACTICE:

Did the player attend practice? ▢Yes ▢No Attend games? ▢Yes ▢No

If yes, how many?_____ If yes, how many?_____

Did the Player receive a uniform? ▢Yes ▢No If yes, was it returned? ▢Yes ▢No

Coach Signature: _____ (By signing, the coach verifies that the information above is correct.)

**Verification: Parent/Guardian must confirm the request to drop by signing below:**

Parent Signature:_____

**_____OFFICE USE ONLY_____**

This section is to be filled out by AYSO Region 137 only:

Date of Registration:_____ Date Drop form received by Registrar/RC: _____

Total Fee Paid $_____ ▢CC #_____

Signature of Registrar: _____

(If parent/guardian did not sign above, but sent in an email, attach copy of email to drop form in lieu of signature.)

Treasurer _____ Refund Amount: $_____

Refund Credited back to Credit/Debit Card:_____Date Received:_____

Refund by Check:_____Date sent:_____

Signature of Treasurer_____