



REFUND REQUEST FORM

Please email or mail in your refund request to:

AYSO Region 795
P.O. Box 3996
Chatsworth, CA 91313-3996
registrar@ayso795.org

*Refunds must be requested prior to the first week of games in the season.
Refunds approved for processing after the deadline will be subject to a \$30 administrative fee.
Refunds may take 8-12 weeks to process.*

National Player Fee of \$25.00 will not be refunded

Date of Request:

Season (Fall or Spring, Year)

Name of Player (first & last)

Birthdate of Player

Person Requesting Refund

Relationship to Player

Mailing Address

If known, please provide:

Check # or Credit Card Transaction # _____

Amount Paid _____

Date Paid _____

Reason for Refund Request

Please contact registrar@ayso795.org for questions.

REGION USE ONLY:

Date Received: _____

Commissioner's Initials: _____

Check Issue Date: _____

Check #: _____

Amount: _____