



REGION 5

REFUND AND PLAYER DROP FORM

(please fill out information requested below)

Player's Name: _____

Address: _____

City/Zip: _____

Player's Date of Birth: _____

Date of Drop: _____

Parent's Name: _____

Phone #: _____

Division/Gender: _____

I am requesting that the player named above be dropped from further participation in AYSO and a refund be issued in accordance with AYSO Region 5 Player Drop and Refund Policy and Regional bylaws.

Parent or Guardian Signature: _____

Date: _____

Reason for drop: _____

Coach's Name: _____

Were any practices attended? Yes _____ No _____

Coach will be asked if uniform was distributed or games played.

REGION 5 USE ONLY Refund issued: Yes _____ No _____

Date Check Mailed: _____ Check #: _____ Amount \$: _____

AYSO Region 5
17870 Newhope St 104-482
Fountain Valley, CA 92708

Please email form to our Treasurer, Emmy Norris at emmy.ayso5@gmail.com