

REGION 5 REFUND AND PLAYER DROP FORM PARENT

(please fill out information requested below)

Player's Name: _____

Address: _____

City/Zip: _____

Player's Date of Birth: _____

Date of Drop: _____

Parent's Name: _____

Phone #: _____

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 (please fill out information requested below & Sign)

Coach's Name: _____

Attended any Practices: Yes ____ No ____

REGION 5 USE ONLY Refund issued: Yes ____ No ____ Check #: _____

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

AYSO REGION 5
17870 Newhope Street 104-482
Fountain Valley, CA 92708

Please email form to our Treasurer Martijn de Rijke. martijnderijke.usa@gmail.com