



# AYSO REGION 111 SAN CLEMENTE



## Refund Request Form

Fall season refund request – July 1 deadline

Spring season refund request – December 31 deadline

I request that the following player be withdrawn from AYSO Region 111, San Clemente:

Player Name: \_\_\_\_\_ Boys

Date of Birth: \_\_\_\_\_ Division: \_\_\_\_\_ Girls

Please indicate the reason for withdrawing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm, as the Parent / Guardian that the player (mark those that apply):

- Has not practiced or played in Region 111 for the indicated season
- Was not issued a uniform in Region 111 for the indicated season

Please check your registration papers for the following information:

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Please send my refund to the following payee and address:

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE NOTE:** Refund requests must be submitted in writing and be postmarked or received at our PO Box no later than July 1, 2021 for the fall 2021 season or December 31, 2021 for the spring 2022 season. There are no refunds for the AYSO winter 2022 soccer season. Also, with changing requirements and guidance from the CDC, state and/ or local governments, NO REFUNDS will be issued or fees rolled over to future seasons, if play/games are canceled due to the COVID-19 or future pandemics. Refund requests sent via email or fax will not be accepted. The form must be filled out in its entirety to obtain the refund. Fall season refunds will be mailed after 9/30/21 and spring season refunds will be mailed after 3/31/22 to players that meet the stated deadline and in accordance to the amount paid taking into consideration the family maximum and the \$30 non-refundable region fee and non-refundable \$20 National Player Fee. Drop notices to coaches or refund requests received after the stated deadline will not be approved for a refund. This request is subject to review by the Regional Commissioner, Registrar, and Treasurer before being approved.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail request to: Registrar - AYSO Region 111  
647 Camino de los Mares, Suite 108, PMB 164  
San Clemente, CA 92673**