

San Clemente, CA 92673

AYSO REGION 111 SAN CLEMENTE



Refund Request Form

Fall season refund request – August 1 deadline Spring season refund request – January 31 deadline

I request that the following player be withdrawn from	m AYSO Region 1	11, San Clemente: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		,
Has not practiced or played in Region 1		
Was not issued a uniform in Region 111		
Please check your registration page	pers for the followi	ng information:
Amount Paid: Check # :		Date:
Please send my refund to the following payee and	address:	
Payee Name:		
Address:		
City, State, Zip:		
Phone:		
NOTE: Refund requests can be either mailed to our land later than August 1, 2024 for the Fall 2024 seasor. The mailing and email address are listed at the botto ALL-STARS 2025, Winter 2025 and Summer 2025 sedated and filled out in its entirety to obtain the refund and spring season refunds will be mailed after 3/31/2 accordance with the amount paid taking into conside nonrefundable region fee and nonrefundable \$25 Na refund requests received after the stated deadline will subject to review by the Regional Commissioner, Refundable region fee.	n or January 31, 20 m of this form. The occer season. The . Fall season refund 25 to players that m ration the family ma tional Player Fee. I Il not be approved t	25 for the Spring 2025 season. re are no refunds for the AYSO refund form must be signed, ds will be mailed after 9/30/24 eet the stated deadlines and in aximum and the \$30 Drop notices to coaches or for a refund. This request is
Parent / Guardian signature:		Date:
Mail Refund Request To: Registrar - AYSO Region 111 647 Camino de los Mares, Suite 108, PMB 164		efund Reguest to: ar@ayso111.com