



WE ARE AYSO

*Everyone Plays Good Sportsmanship
Positive Coaching Player Development
Balanced Teams Open Registration*

AYSO Region 310

**P.O. Box 11413
Glendale, AZ 85318**

2015 FALL SEASON REQUEST FOR REFUND OF REGISTRATION FEES

Mail this form with a self-addressed stamped envelope to the address above.

NO REFUNDS WILL BE ISSUED VIA PHONE OR EMAIL REQUEST.

The following player will not be participating in the 2015 fall soccer season.
Please drop his/her name from your records.

I understand that my registration fee will be refunded in full less a \$20.00 per player processing fee. As long as my child/children's region issued player uniform is returned, and this forms' postmarked date is on or before the cut off date of September 26, 2015. *Not responsible for lost/misdirected mail requests.*

Drop Date: _____

Player/Player's Name: _____

Address: _____ Parent's Name: _____

City/Zip: _____ Phone: _____

Date of Birth: _____ Boy: ___ Girl: ___

Make check payable to: _____

Reason for Drop: _____

Signature (Required): _____ Date: _____

AYSO Region 310 Use Only

Registrar: _____

RC: _____

Treasurer: _____

Uniform Returned: _____

Date Check Mailed: _____ Amount: \$ _____