



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship

### PLAYER DROP REQUEST FORM

\*\*\* To be filled out by Division Coordinator \*\*\*

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Fall  Spring     Boys  Girls     U-19  U-16  U-14  U-12  U-10

Team #: \_\_\_\_\_ Coach Name: \_\_\_\_\_ Date: \_\_\_\_\_

Drop requested by:     Coach     Parent/Guardian    Player Name: \_\_\_\_\_

Reason for drop request:     Player cannot be contacted     Player does not attend practices/games

Other \_\_\_\_\_

Did player: attend practices?  Yes  No    attend games?  Yes  No  
if Yes, how many? \_\_\_\_\_    if Yes, how many? \_\_\_\_\_

Did player receive a uniform?  Yes  No    if Yes, was it returned?  Yes  No

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**Verification:** If the drop is requested by the Coach/Player, the Parent/Guardian must be contacted to verify the request:

Was contact made?  Yes  No    if Yes, how?  Phone  Visit to Residence

Reason for drop: \_\_\_\_\_

Reason if contact was not made:  No response/Note left at residence     Player moved

Other: \_\_\_\_\_

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**Recommendation:**

Drop Request Recommended?  Yes  No    Applicable Refund Policy Guideline # (check one):  1  2  3

Other: \_\_\_\_\_

if Yes, Refund Type:  Partial  Full    \_\_\_\_\_  
Division Coordinator (Print Name)    Date

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**Received by:**

Registrar: \_\_\_\_\_    Player Registered?  Yes  No    Total Fee Paid? \$ \_\_\_\_\_  
Form Received Date

Treasurer: \_\_\_\_\_    Refund Request Rec'd?  Yes  No    Refund Amount: \$ \_\_\_\_\_  
Form Received Date

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**Division Coordinator:** Submit the Pink and White copies of the Player Registration Form and this Form to the Registrar.  
**Registrar:** Verify player registration and amount of fee paid. Ensure both registration copies and this Form is submitted to the Treasurer.  
**Treasurer:** Deduct fees as applicable and process refund not later than 4 weeks from receipt of the Refund Request.