



Locator # _____
Drop Date _____
By _____
For office use

Date: _____

AYSO 41 – Refunds
 PMB 268
 PO Box 30012
 Laguna Niguel, CA 92607-0012

Request for Refund

Child’s Name: _____ Date of Birth: _____

Child’s Name: _____ Date of Birth: _____

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Refund Policy

Refund requests for the FALL season must be submitted using this Refund Request Form, also located at www.ayso41.org. Forms must be postmarked NO LATER than August 1. The form must be filled out completely to be eligible for a refund. Refunds will be mail after September 30 to players that meet this deadline and in accordance to the amount paid, taking into consideration the family maximum fees paid. Drop notices to coaches or refund requests postmarked after August 1 will not be refunded. Refund requests sent via email or fax will not be accepted. Refund requests are subject to review by the Regional Commissioner, Registrar and Treasurer before being approved. Refunds will only be issued for players who have not participated in any games or practices and have not received a uniform (or have returned to their coach their uniform in like-new condition).

Name _____

Address _____

City/State/Zip _____

Thank you for your assistance with this request.

If further information is needed, I can be contacted at:

Email address: _____

Home phone: _____

