



**AMERICAN YOUTH SOCCER ORGANIZATION**  
 a nonprofit corporation dedicated to youth soccer  
**everyone plays<sup>®</sup>**

Treasurer Use Only	
Date Received	_____
Check Request Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Number Issued	_____

## AYSO - Region 665 Player Withdrawal & Refund Request

Players who withdraw from AYSO Region 665 may receive a refund if the following conditions are met and procedures are followed:

1. A player who withdraws from the program PRIOR to participating in ANY game, practice or team function , and has not received a team uniform may be entitled refund (minus a \$25 processing fee) of their registration fee provided that a parent or guardian submits a written request on this form, submits it to the Registrar via mail by August 1st.
2. Late requests or those not sent via mail to the Region's post office box will not be considered.

*Complete the following information: (please print)*

Player Name: _____	Date of Birth: _____
Parent Name _____	Telephone: _____
Address: _____	City: _____ Zip: _____
Division _____	Coach Name: _____ Team #: _____
Reason for withdrawal: _____	

I hereby request that my above named child be removed from the program, and a refund be issued. I understand that failure to meet the conditions and procedures as explained above is grounds for denial of my request. I further understand that processing of this request may take up to four (4) weeks.

_____	_____
Parent/Guardian Signature	Date of Request

**Mail completed form to: AYSO Region 665– Attn: Registrar, 12127 Mall Blvd #A377,Victorville CA 92392**

***Region use only***

Coach: _____			
Attended Practice	Y / N	Attended Games	Y / N
Attended Event	Y / N	Given Uniform	Y / N
Returned Uniform	Y / N	Unused Uniform	Y / N

***Registrar Use Only***

Player ID #: _____
Form pulled on _____
Withdrawal entered on _____