



AMERICAN YOUTH SOCCER ORGANIZATION a  
nonprofit corporation dedicated to youth soccer  
**everyone plays**



## AYSO REGION 538 TRI-COMMUNITY

*Proudly serving Phelan, Pinon Hills and Wrightwood, and other High Desert neighboring communities*

### **AYSO REGION 538 PLAYER REFUND REQUEST POLICY**

- A. A **WRITTEN REQUEST (NO EXCEPTIONS)** for a Player Refund must be made via US Mail or scanned & emailed. Verbal or E-mail requests without this document will not be accepted.
- B. **The REFUND REQUEST must clearly state and/or include the following:**
1. **Player's name and age;**
  2. **Reason for withdrawal (please note any reason given will not delay your request);**
  3. **Address to which refund should be mailed.**
  4. **Original (or copy) of the Registration Receipt (email confirmation)**
  5. **Completed Refund Form**
  6. **SASE (Self Addressed Stamped Envelope - Postage Paid)**
- C. **Refunds will be processed according to the postmark date as follows:**
1. **From August 1st of the calendar year, the refund will include ONLY the Registration Fee and WILL NOT include the AYSO Membership Fee (\$20) or the Service Fees (\$2.75);**
  2. **From October 1st of the calendar through November of the calendar year, the refund will be one-half (50%) of the Registration fee only**
- D. **Any team uniform received must not be returned to the Region to avoid any cross-contamination of a communicable disease(es).**
- E. **The refund check will be made out to the person who e-signed the registration form, unless otherwise noted.**
- F. **Refunds may take up to six (6) weeks to process;**

Mail refund requests to: **AYSO Region 538 Refund Request  
4458 Highland Rd  
Phelan, CA 92371**

**Please complete and return the next page to the above address:**



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



**AYSO REGION 538 TRI-COMMUNITY**

*Proudly serving Phelan, Pinon Hills and Wrightwood, and other High Desert neighboring communities*

Refund Form

Player(s) Name: 1. \_\_\_\_\_

Coach(s) name: \_\_\_\_\_ League Team Div: \_\_\_\_\_

Uniform Received: Yes \_\_\_ No \_\_\_ If yes, Jersey Number: \_\_\_\_\_

Player(s) Name: 2. \_\_\_\_\_

Coach(s) name: \_\_\_\_\_ League Team Div: \_\_\_\_\_

Uniform Received: Yes \_\_\_ No \_\_\_ If yes, Jersey Number: \_\_\_\_\_

My Child(ren) will not be able to participate in AYSO Region 538 due to the following Reason:

\_\_\_\_\_

Person Requesting Refund: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please mail my refund to: \_\_\_\_\_

Signature(s)

Guardian: \_\_\_\_\_

Commissioner: \_\_\_\_\_

Treasurer: \_\_\_\_\_