

Region 21 Refund Request Form

I request that the fol	lowing player be with	drawn from AYS	SO Region 21.		
Player Name:					
Date of Birth:	Di	vision: UE	Boys: Girls:		
Please indicate the r	eason for withdrawir	ng:			
Please check your re	gistration papers for t	he following inf	ormation:		
Amount Paid:	Check #:	Cash:	Debit/Credit:	Date:	
Please send my refur	nd to the following pa	yee and address	s:		
Payee Name:					
Address:					
City, State, Zip:					
Phone:					
This form must be fil meet this deadline a	led out in entirety to one in accordance to the	obtain the refur ne amount paid	nd. Refunds will be mai taking into considerati	mail or fax will not be acc iled within 14 days to pla on the family maximum Registrar and Treasurer b	yers that
Full refund before 1 st additional \$40.00 for		National fee wit	th returned uniform. If	uniform is not returned,	minus an
50% refund after 1st	week minus \$20.00 N	ational fee.			
No refunds after the	2 nd week of play.				
Parent / Guardian sig	gnature:		D	ate:	

Mail request to:

Registrar AYSO Region 21

P.O. Box 1838, Hawthorne, CA 90250