



Region 137 Hemet, CA

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

Player Drop Request Form To be filled out by Parent and Coach(if player attended a practice)

Fall Spring Boys Girls U19 U16 U14 U12 U10 U8 U6 Playground

Team # _____ Coach Name _____ Date _____

Drop Requested by: Parent/Guardian

Player Name _____

Parent Name _____

Mailing Address _____

Reason for drop request:

Player has a medical reason Player chose not to play

Please give reason for above: _____

Player moved (please make sure address above is the one refund s/b mailed to)

Other _____

ONLY NEED TO COMPLETE IF ATTENDED A TEAM MEETING OR PRACTICE:

Did player attend practice? 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

Coach Signature: _____ (By signing coach verifies information above is correct.)

Verification: Parent/Guardian must confirm the request to drop by signing below:

Parent Signature: _____

OFFICE USE ONLY

This section to be filled out by AYSO Region 137 only:

Date of Registration: _____ Date Drop form received by Registrar/RC: _____

Total Fee Paid \$ _____ CC # _____

Signature of Registrar: _____

(If parent/guardian did not sign above, but sent in an email, attach copy of email to drop form in lieu of signature.)

Treasurer _____ Refund Amount: \$ _____

Refund Credited back to Credit/Debit Card: _____ Date Received: _____

Refund by Check: _____ Date sent: _____

Signature of Treasurer _____