

Refund Request Form



Please mail in your Refund Request with ***postage paid self addressed envelope*** to:

AYSO Region 215 Rowland Heights
19745 Colima Road, #1-501
Rowland Heights, CA 91748

Date of Request:

Player's Name:

Birthdate:

Mailing Address:

Person Requesting Refund:

Relationship to Player:

Please Provide:

Check #:

Amount Paid:

Date Paid:

THIS REQUEST IS FOR THE FALL and/or SECONDARY SEASON
Refunds for other seasons should be directed to the registrar

Refunds will only be considered before uniforms have been handed out and/or games have started

****Refund will be minus the current AYSO National Fee and less any cost incurred by the Region****

If questions please contact: registrar@rowlandayso215.org

AYSO USE ONLY:

Date Received:

Check Issue Date:

Check No.:

Amount of Check:

Signature: