



REGION 5 REFUND AND PLAYER DROP FORM

PARENT (please fill out information requested below)

Player's Name: _____

Address: _____

City/Zip: _____

Player's Date of Birth: _____

Date of Drop: _____

Parent's Name: _____

Phone #: _____

Gender: _____

I am requesting that the player named above be dropped from further participation in AYSO and a refund be issued in accordance with AYSO Region 5 "Player Drop and Refund" Policy and Regional Bylaws

Signature (parent or guardian) _____

Date: _____

Reason for Drop: _____

COACH (please fill out information requested below & Sign)

Coach's Name: _____

Division _____

Attended any Practices? _____

REGION 5 USE ONLY

Refund issued: Yes / No

Check #: _____ Date Check Mailed: _____ Check #: _____ Amount \$: _____ AYSO

REGION 5

17870 Newhope Street 104-482

Fountain Valley, CA 92708

Please email form to registrar@ayso5.org