



PASS AREA AYSO - REGION 641



REFUND REQUEST FORM

Pass Area Region 641 allows for refunds under special circumstances. All special circumstance refund requests must be submitted in writing by using this form and must include the reasons and/or circumstances involved. All refund requests will be read and considered by the Regional Board and refunds will only be granted at the discretion of the Regional Board.

Guidelines:

1. Any player who withdraws prior to participating in the first game or practice of the season may be considered for a full refund of their registration fee.
2. Any player who withdraws after participating in the first practice, but prior to the first game of the season, may be considered for a refund of the registration fee, minus any nonrefundable AYSO National Registration Fees for insurance already paid by Region 641.
3. Any player who withdraws after participating in the first game of the season or beyond will not be entitled to a refund of the registration fee.
4. A fee of \$25 dollars will be assessed for a uniform that is not returned in clean and unused condition.

Procedure:

1. The parent/guardian requesting the refund must fill out the "Parent/Guardian" section, sign and mail this form to the address below.
2. This request must be submitted by November 1 for the Fall Season or May 1 for the Spring Season in which the refund is being requested. Refunds will not be carried over from season to season and will not be applied toward the registration fees of a following season.
3. Please allow 3 to 4 weeks for a refund (if approved) to be processed.

TO BE FILLED OUT BY THE PARENT/GUARDIAN:

Parent/Guardian Name	Player Name	DOB	Phone Number
Address		City	Zip

I am requesting that the player named above be dropped from further participation in AYSO Region 641 and that (check all that apply):

- I did not receive the AYSO uniform
- I am returning the AYSO Uniform, clean and unused
- My child has used the AYSO uniform and/or we would like to keep the uniform valued at \$25
- I am waiving my request for a refund, I will donate my refund to the AYSO Region 641 Scholarship Program.
This program is used to support families in our community who cannot afford to register their kids to play.
- I am requesting a refund for my child

Reason for Drop (Use a separate sheet of paper if necessary)

Parent Signature: _____ Date: _____

Please mail to: Pass Area AYSO Region 641, P.O. Box FF, Beaumont, CA 92223

BOARD USE ONLY

Original Registration Fee Paid: _____	Refund Approved: YES _____ NO _____
Approved Refund: _____	RC Signature: _____
Date: _____	Check # _____ Issued: _____