



AYSO REGION 92 DROP & REFUND REQUEST FORM

Player's Name:				Last Date of Participation:				
Refund Mailing Address:				Phone:				
City & Zip:			Parent/Legal Guardian Name:					
Player's DOB:			Signature:			Date:		
<i>Coach Signature required once a player has been assigned to a team</i>								
Division/Team:				Uniform Returned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
Coach's Name:			Signature:			Date:		
Registrar Initials:		Refund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attendend Games?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Treasurer's Initials:		Check No.		Amount:		Date		
Submit Completed & Signed form to the Registrar: 214 Main Street #507, El Segundo, CA 90245								
Website: www.ayso92.org			Email: elsegundoayso92rc@gmail.com			Hotline: 310-363-0376		

