

# REQUEST FOR PLAYER DROP / REFUND

**Refunds subject to deduction for incurred expenses. Each request is reviewed and approved individually by the Regional Board. If approved, allow 4-6 weeks for receipt of refund.**

Dear Board of Directors,

The following Registered Player will not be able to participate in the upcoming season for Region 269. Please drop his/her name from your records. We understand that if we decide to re-register, we will be placed at the bottom of the waiting list and may not be able to be placed on a team if no space is available.

Date of Request: \_\_\_\_\_

Player's Full Registered Name: \_\_\_\_\_  
(First, Middle, Last)

Boy: \_\_\_ Girl: \_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Reason for Drop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Mail to:** AYSO Region 269, PO Box 700826, Kapolei, HI 96709-0826

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Age Group Coordinator: \_\_\_\_\_  
(Sign & Date)

Treasurer: \_\_\_\_\_  
(Sign & Date)

Regional Commissioner: \_\_\_\_\_  
(Sign & Date)