



AMERICAN YOUTH SOCCER ORGANIZATION  
a nonprofit corporation dedicated to youth soccer  
**everyone plays™**



## **AYSO REGION 538 TRI-COMMUNITY**

*Proudly serving Phelan, Pinon Hills and Wrightwood, and other High Desert neighboring communities*

### **AYSO REGION 538 PLAYER REFUND REQUEST POLICY**

- A. A **WRITTEN REQUEST (NO EXCEPTIONS)** for a Player Refund must be made via US Mail **ONLY**. Verbal or E-mail requests will not be accepted.
- B. The **REFUND REQUEST** must clearly state and/or include the following:
  - 1. Player's name and age;
  - 2. Reason for withdrawal (please note any reason given will not delay your request);
  - 3. Address to which refund should be mailed.
  - 4. Original (or copy) Registration Receipt
  - 5. Completed Refund Form
  - 6. SASE (Self Addressed Stamped Envelope – Postage Paid)
- C. Refunds will be processed according to the postmark date as follows:
  - 1. Through August 31, 2010, the refund will be calculated as Registration Fee minus \$15.00 processing fee;
  - 2. September 1, 2010 through September 30, 2010, the refund will be one-half (50%) of the Registration fee
- D. Any team uniform received must be returned to the league.
- E. The refund check will be made out to the person who signed the registration form, unless otherwise noted.
- F. Refunds may take up to two (2) weeks to process;

Mail refund requests to:

**AYSO Region 538 – League Player  
Refund Request  
P.O. Box 29-2961  
Phelan, CA 92329-2961**

**Please complete and return the next page to the above address:**



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Refund Form

Player(s) Name: 1. \_\_\_\_\_

Coach(s) name: \_\_\_\_\_ League Team Div: \_\_\_\_\_

Uniform Received: Yes \_\_\_\_ No \_\_\_\_ If yes, Jersey Number: \_\_\_\_\_

Player(s) Name: 1. \_\_\_\_\_

Coach(s) name: \_\_\_\_\_ League Team Div: \_\_\_\_\_

Uniform Received: Yes \_\_\_\_ No \_\_\_\_ If yes, Jersey Number: \_\_\_\_\_

My Child(ren) will not be able to participate in the AYSO Region 538 League Play previously paid for due the following Reason:

\_\_\_\_\_

Person Requesting Refund: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please Mail my refund to: \_\_\_\_\_

Signature(s)  
 Guardian: \_\_\_\_\_

Commissioner: \_\_\_\_\_

Treasurer: \_\_\_\_\_