

<b>AYSO Region 92 Player Drop &amp; Refund Request Form</b>	
Player's Name:	Last Date of Participation:
Refund Mailing Address:	Phone:
City & Zip	Parent/Legal Guardian Name:
Player's DOB:	Signature & Date:
{Coach signature required once a player has been assigned to a team}	
Uniform returned?	(circle one) Yes No N/A
Attended any games?	(circle one) Yes No N/A
Registrar Initials:	Refund?
Treasurer Initials:	Check #, Amount, Date
<b>Submit Completed &amp; signed form to the Registrar <a href="http://www.ayso92.org">www.ayso92.org</a> Hotline 310-322-9760</b>	