

Auburn Youth Soccer Club Refund Request Form



Requests for refunds must be made in writing and mailed to:

AYSC
ATTN: Treasurer
P.O. Box 593
Auburn, CA 95604

The postmark on your envelope will determine the date of your request.

Full Refund: Registration fee paid less \$10 will be refunded for any reason until July 15th.

Partial Refund: Registration fee paid less \$50 will be refunded per requests made from July 16th through August 15th.

No Refunds: No refunds will be made for any requests after August 15th unless for medical reasons or approved by the Board of Directors.

Name of Player

Age Group / Girls/Boys

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Amount paid for registration \$ _____

Coach / Team (if assigned) _____

Refund Check Payable to: _____

Remit Address: _____

Signature: _____

League use: Remove from system _____ Paperwork pulled _____ Treasurer notified _____