



Region 137  
PO Box 427  
San Jacinto, CA 92581-0427



Everyone Plays-Good Sportsmanship-Open Registration-Balanced Teams-Positive Coaching-Player Development

**Player Drop Request Form To be filled out by Parent and Coach(if player attended a practice)**

**No refund requests will be honored after the season start date**

☐Fall ☐Spring ☐Boys ☐Girls ☐U19 ☐U16 ☐U14 ☐U12 ☐U10 ☐U8 ☐U6 ☐Playground

Team # \_\_\_\_\_ Coach Name \_\_\_\_\_ Date \_\_\_\_\_

Drop Requested by: ☐Parent/Guardian

Player Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Reason for drop request:

☐The player has a medical reason ☐ The Player chose not to play

Please give reason for above: \_\_\_\_\_

☐The player moved (please make sure the address above is the one refund s/b mailed to)

☐Other \_\_\_\_\_

**MUST BE COMPLETED BY COACH IF ATTENDED A TEAM MEETING OR PRACTICE:**

Did the player attend practice? ☐Yes ☐No Attend games? ☐Yes ☐No

If yes, how many? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Did the Player receive a uniform? ☐Yes ☐No If yes, was it returned? ☐Yes ☐No

Coach Signature: \_\_\_\_\_ (By signing, the coach verifies that the information above is correct.)

**Verification: Parent/Guardian must confirm the request to drop by signing below:**

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

\_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_

This section is to be filled out by AYSO Region 137 only:

Date of Registration: \_\_\_\_\_ Date Drop form received by Registrar/RC: \_\_\_\_\_

Total Fee Paid \$ \_\_\_\_\_ ☐CC # \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

Treasurer \_\_\_\_\_ Refund Amount: \$ \_\_\_\_\_

Refund Credited back to Credit/Debit Card: \_\_\_\_\_ Date Received: \_\_\_\_\_

Refund by Check: \_\_\_\_\_ Date sent: \_\_\_\_\_

Signature of Treasurer \_\_\_\_\_