

AIEA AYSO - REGION 118 REFUND REQUEST FORM

Refund Policy:

Fall season: (Aug to Dec)

Spring season: NO Refunds (Jan to June)

Full refund before July 1, less AYSO Annual Membership Fee*

50% Refund thereafter up to the first day of the season August 1

No refund after August 1

* You will remain a AYSO Member for the Membership year and receive AYSO emails and materials

No Refunds offered on the membership fees

| Parent Name | Phone Number (Cell) |
|-------------|---------------------|
| | |

Payments Request must be from original payee of the registration fee.

| Mailing Address | City | Zip |
|-----------------|------|-----|
| | | |

| Players Name | DOB | Gender |
|--------------|-----|--------|
| | | |

| Initial Method of Payment " X " | | | |
|---------------------------------|---------------------------|--------|--|
| < Online by Credit Card | < Check - Provide Check # | < Cash | |

I am requesting that the player named above be dropped from participation in AYSO Aiea Region118 and that

Check all that apply

I am requesting a Refund

Please write a Reason for Withdrawal, Drop, Refund

I did not receive the AYSO Uniform (If the uniform is already ordered, you may need to cover that cost if the uniform cannot be re-issued to another player)

I am returning the AYSO Uniform, Unused and not worn at all
(The cost of the uniform will be deducted from the refund, unless we can re-issue to another player)

My Child has used the AYSO Uniform and we would like to keep the Uniform

I am waiving my request for a refund, I will donate my refund to AIEA AYSO Scholarship Fund used to support families in our communities that cannot afford to register their kids to play in AYSO

Parent Signature _____ Date: _____

Please Mail Completed Form to:

AIEA AYSO Region 118 - 98-029 Hekaha St. Suite #14, Aiea HI 96701

Please include a self addressed "Postage Stamped" envelope if you paid by Check or Cash

All Refund Request will be processed 60 days from date of receipt.

| AIEA REGION BOARD USE ONLY | |
|--|--|
| Original Fee Paid: _____ | By: Cash Check C.C. Date of Transaction: _____ |
| Credit Card # Req to Process Credit: _____ | |
| Refund Approved YES NO | |
| Refund Amount: _____ | RC Signature: _____ |
| Date: _____ | Check# _____ |