

# ARROYO YOUTH SOCCER CLUB

P.O. Box 455, Harlingen, TX 78551  
Phone 956.428.3622 Fax 956.428.2236

## PLAYER REFUND REQUEST

### REQUESTED BY:

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child(ren) Name \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### The following must be filled out for our records:

#### Reason for Withdrawal:

Injury       Moving to another city/state       No Age Group/Team from same city

Transfer to another club *(please check one)*

BOYSA     Edinburg     Mid Valley     MYSA     Rio Bravo

Other (please explain) \_\_\_\_\_

**HARLINGEN TX**  
**EST. 1983**

### AYSC Refund Policy

- ◇ A full refund will automatically be issued in the event a player cannot be placed on a team.
- ◇ No refunds will be issued after the season has started, unless otherwise approved by the AYSC Board.
- ◇ No partial refunds for players registered for the fall and spring season if the player participates in the fall season, unless otherwise approved by the AYSC Board.
- ◇ No refunds will be issued for select (Celtic) players once rosters have been prepared.
- ◇ A \$10 processing fee will be withheld from refunds.

### I agree to the terms of the AYSC Refund Policy:

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

Date \_\_\_\_\_

### \* OFFICE INFORMATION ONLY \*

Payment Made: \$ \_\_\_\_\_  
Receipt #: R \_\_\_\_\_  
Date of Pymt: \_\_\_/\_\_\_/\_\_\_

Amount of Refund: \$ \_\_\_\_\_

Check Number Issued \_\_\_\_\_

Age Group: U \_\_\_ B \_\_\_ G \_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_

Team Name: \_\_\_\_\_