



## Calaveras Youth Soccer League

### Refund Request

Player: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: *(Signature)* \_\_\_\_\_ Date: \_\_\_\_\_

*(Printed)* \_\_\_\_\_

**Give to your area coordinator or mail to:**                      **CYSL**  
   **PO Box 127**  
   **Valley Springs, CA 95252**

Calaveras Youth Soccer League's Refund Policy is as follows:

- Prior to June 30:                      Full refund less \$20.00 Administration fee
- July 1 to July 31:                      50% refund less \$20.00 Administration fee
- After August 01: **No refund**

#### Approval

Person	Approve	Deny	Signature	Date
League Registrar	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>		
Reason for denial:				