UNION CITY YOUTH SOCCER LEAGUE
Registration Refund Request Form

Reason for Request:

- Child disinterested ☐
- Dissatisfied with coach ☐
- Dissatisfied with organization ☐
- Moving out of area ☐
- Going to play in another league ☐
- Health Issue(s) ☐

Other_____

Player Information: *(print legibly)*

Player's Full Name (Last, First, Middle): _____
Player's age group (Circle one) Under- 5 6 7 8 9 10 11 12 13 14 15 16 19
Circle one: **Boy** or **Girl**
Player's team name (*if known):* _____
Player's CYSA player **#** (*if known*): _____
Player's coach's name: _____
Name of Parent/Guardian requesting refund: _____
Parent Signature and date signed: _____ ___/___/___
Parent Phone number: _____
Name and address for mailing refund: _____
_____
_____
Date player left the team: (if assigned) _____ / _____ / _____
Check number used for Registration: _____
Amount of Check used for Registration: _____

Return via E-Mail or send to: **UCYSL Treasurer - Refund Request**
P.O. Box 546
Union City, CA 94587

NOTICE: Refunds are not guaranteed and those given are subject to certain withholding of fees and costs. Please review the currently published Registration Refund Policy in the Registration area of the league website or email, phone, or write to the league to request a copy. Please allow 30 days for approval processing.

UCYSL Refund Check # _____ Date issued: _____ Amount Refunded: _____