

## Rowland Heights Region 215 AYSO (RUSIO) **Refund Request Form**



Please mail in your Refund Request to: AYSO 215 Rowland Heights 19745 Colima Road #1-501 Rowland Heights, CA 91748

Date of Request:	
Player's Name:	
Birthdate: Mailing Address:	
(This would be the address you	
wish the refund to be sent to)	
Person Requesting Refund Relationship to Player	
Please Provide:	
Amount Paid	
Date Paid	
THIS REQUEST IS FOR THE FALL SEASON Refunds for other seasons should be directed to the Registrar	
If questions, contact: registrar@rowlandayso215.org	
AYSO USE ONLY:	
Date Received:	
Check Issue Date:	
Check No.	
Amount of Check:	
Signature:	