

# AYSO Refund Request



**Please mail in your Refund Request to:**

Davis AYSO (Refunds)  
P.O. Box 1602  
Davis, CA 95617

(Deadline dates can be found on our Registration page of our website; <http://www.davisayso.org>)

**Date of Request:**

**Player's Name:**

**Birthdate:**

**Mailing Address:**

**Person Requesting Refund**

**Relationship**

**If known, please provide:**

Check #

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@davisayso.net](mailto:registrar@davisayso.net), OR  
phone (530) 979-1344

**AYSO USE ONLY:**

Date Received:

Check Issue Date:

Check No.

Amount \$: