



# Rowland Heights Region 215 AYSO 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:**

**Person Requesting Refund**   
**Relationship to Player**

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@rowlandayso215.org](mailto:registrar@rowlandayso215.org)

**AYSO USE ONLY:**

Date Received: \_\_\_\_\_

Check Issue Date: \_\_\_\_\_

Check No. \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Signature: \_\_\_\_\_