



Refund Request Form

Date Requested: _____

Date of Transaction: _____

Player Name: _____

Check Payable To: _____

Mailing Address: _____

City, State, Zip: _____

Amount of Refund: _____

Reason for Refund: _____

Requested By: _____

Requester Signature: _____

Please allow up to 30 days for processing. For inquiries, please contact info@ayso803.org.

Original copy of this form should be mailed to:
CVSL/AYSO Region 803
Attn: Treasurer
PO Box 1829
Eau Claire, WI 54702

Office Use Only:

Check Print Date: _____

Signer Signature: _____