

AYSC Refund Request Form

This form is used to formally request a refund from AYSC. Any refund requested has to be approved by the AYSC executive board before being issued. All refunds will be issued in the form of a check sent via certified mail. Requestor must provide accurate information when completing this form to avoid delays in the refund process. Completed forms can either be emailed to alvinysc@gmail.com or mailed to the following address; PO BOX 1312 , Alvin TX 77512. All Refund requests are subject to AYSC Refund Policy as posted on AYSC website at www.alvinsoccer.com .

Player's Name: _____

Amount Paid: _____

Refund Requested By: _____

Reason for Requesting Refund: _____

Mailing Address: _____

I understand that requesting this refund does not guarantee a refund and that it will take up to 10-14 business days from date of receipt by AYSC to be processed. I understand that requesting this refund I am forfeiting all roles and responsibilities as a member of AYSC.

Signature of Requestor: _____

Date: _____