



Mother Lode Youth Soccer League



Refund Request

Player: _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Reason for request: _____

Parent/Guardian: *(Signature)* _____ Date: _____

(Printed) _____

**Give to your area coordinator or mail to: MLYSL
P.O. Box 1504
Jackson, CA 95642**

Mother Lode Youth Soccer League's Refund Policy is as follows:

- Prior to June 30: Full refund less \$15.00 Administration fee
- July 1 to July 31: 50% refund less \$15.00 Administration fee
- After August 01: **No refund**

Approval				
Person	Approve	Deny	Signature	Date
League Registrar	<input type="checkbox"/>	<input type="checkbox"/>		
Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>		
Reason for denial:				