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RYSL Comp Application

060116

Read the "RYSL Comp Policy" before filling out this Application

Fill out this application completely and legibly

(Date of Request) _____ (Print Name of Player) _____ U- _____ (Age group/Gender) _____ (Players Birth Date)

(Team) _____ (Season) _____ (Year) _____ (Coaches Name) _____

The "Comp" that is being requested is based on certain performance related requirements. If those requirements are not completed to the satisfaction of the RYSL President, the "Comp" becomes null and void and the "current" registration fee will be due and payable, in full, immediately by the person requesting the "Comp".

(Date Registered) _____ (Seasonal Fee) _____ (Actual Fee Paid) _____ (Chk # / Cash) _____ (Email Address) _____

BOD / Coach / Parent / Other (_____)
(Type of Comp)

I have read the "RYSL Comp Policy" and I agree to abide by it.

(Print Name of Person making this Comp request) _____ (Signature of Person) _____ (Cell Phone) _____

(Print Name of Person receiving this Comp request) _____ (Date Comp request was received) _____

(Print Name of Person Approving / Denying this Comp request) _____ (Date) _____ (Amount approved) _____

(Action taken) _____

This is a Comp write-off made by the RYSL as a 501(c)(3) organization. The person adjudicating this Comp is the President of the Rainbow Youth Soccer League and an officer of the Corporation.