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RYSL Refund Request Application

033116

Read the “RYSL Refund Policy” before filling out this “Application”.
Fill out this Application legibly, completely & sign it or it won't be considered!

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

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

 (Date Registered) _____
 (Fee Paid) _____
 (Check # / Cash) _____
 (Email Address)

 (Reason for Refund)

 (Complete address to mail Refund check)

I have read the “RYSL Refund Policy” and I agree to abide by it.

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

 (Print Name of Person receiving this Refund request) _____
 (Date Refund request was received) _____
 (Refund Schedule #)

 (Print Name of Person Approving / Denying this Refund) _____
 (Date) _____
 (Check #) _____
 (Amount of Check) _____
 (Receipt Number)

 (Action taken)

This is a Refund for a payment made to the RYSL as a 501(C)(3) Corporation. The person adjudicating this Refund is the President of the Rainbow Youth Soccer League and an officer of the Corporation.