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# RYSL Credit Request for Next Season Application

103111  
Read the “RYSL Registration Policy” before filling out this Application

**Fill out this application completely and legibly**

\_\_\_\_\_  
 (Name of player who fee was paid for-Print legibly)      U-      \_\_\_\_\_  
 (Age group)      (Team)

\_\_\_\_\_  
 (Players birth date)      \_\_\_\_\_      \_\_\_\_\_  
 (Season / year original fee was paid)      (Season / year fee to be applied)

**The fee that is being requested to be credited to the next Season, after the Season it was paid, must be used in the next Season, or the person requesting the credit will lose the amount that was originally paid. The person receiving this credit is responsible for the difference of fees from this Season to the next Season and the \$25.00 Service Fee. Fees based on same Registration Costs.**

\_\_\_\_\_  
 (Amount of fee paid)      \_\_\_\_\_      \_\_\_\_\_  
 (Method of payment / Chk #)      (Date fee was paid)

\_\_\_\_\_  
 (Amount of fee-next season)      \_\_\_\_\_      \_\_\_\_\_  
 (Difference owed between this & next Season)      (Method of payment / Chk #)

\_\_\_\_\_  
 (Reason for applying fee to next season)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Email)      \_\_\_\_\_  
 (Phone)

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

\_\_\_\_\_  
 (Name of parent requesting credit-Print legibly)      \_\_\_\_\_      \_\_\_\_\_  
 (Signature of parent)      (Date)

\_\_\_\_\_  
 (Name of person contacted for this transaction)      \_\_\_\_\_  
 (Date transaction was requested)

\_\_\_\_\_  
 (Name of person approving this transaction)      \_\_\_\_\_      \_\_\_\_\_  
 (Date)      (Amount approved)

\_\_\_\_\_  
 (Action taken)

This is a credit towards the next season **ONLY**, for a payment made to the RYSL as a 501(c)(3) organization. The person approving this transaction is the President of the Rainbow Youth Soccer League and an officer of the Corporation.