

Burlington Youth Soccer Association

Player Withdrawal / Payment Refund Request

Player Information (please print clearly):

Name: _____

Date of Birth (mm/dd/yyyy): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Reason for withdrawal:

Parent/Guardian Signature: _____

Date: _____

Send refund to (please print clearly):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Instructions: Please fill out the form completely and mail to BYSA, PO Box 213, Burlington, MA 01803. Your refund will be the registration fee of the player, less costs incurred by BYSA for the player's initial registration.

Note: Requests received at least 3 weeks prior to the first scheduled league game for travel team aged players (U9 – U19) or 1 week prior to the start of the U6/U8 programs for players in those age groups will be processed as soon as possible. All other requests are at the discretion of the Burlington Youth Soccer Assoc. Board of Directors.