



USYVL Refund Request Form

Date: _____

I request that the following player be withdrawn from the Fall 2009 Season

Players Name: _____

Date of Birth: _____

Site Name: _____

Please send any refund to the following payee and address:

Payee Name: _____

Address: _____

City, State, Zip: _____

Please note: Refunds will be processed in accordance with USYVL refund policy:

USYVL REFUND POLICY: If for any reason you need to drop out of the league, a written request must be received a minimum of 7 days prior to the league start date. You will receive a refund of 50% of the registration fees paid or a nonrefundable credit valid for one year from the date of issue. However, no refunds will be issued if you cancel within 7 days of the scheduled league start date, or if you fail to participate in the league. This policy was accepted by you at time of registration.

Refunds requested within **72** hours of registration completion will receive a full refund less a \$15 administrative fee to cover the credit card transaction and player drop/refund processing as long as it is not within 7 days of the season start date. Refunds requested within 7 days of season start date are subject to the above policy.

Please complete form and fax to 310-212-7182

or email to Sharon@usyvl.org

For questions you may call 310-212-7008

Only requests submitted on this form will be considered.