



Rowlett Youth Soccer Association (RYSA)

Refund Request Form

Fax: 214.607.4682

5211 Gordon Smith Dr. Rowlett, Tx. 75088 / Office: 214.607.4681

Player's Name: _____ Player ID #: _____

Team Name: _____ Coach's Name: _____

Age Group: U- _____ Boys/Girls Season: Fall / Spring Year: 2025/2026 _____

| |
|---|
| <p>Make Refund Check Payable to: _____ (used for mailing in window envelope)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> |
|---|

() _____
 Phone number: _____

Mail check or

Check to be picked up by: _____
 Person's Name

Name & complete mailing address required

Fax completed request to: 214.607.4682 or Email to: registrar@rowlettsoccer.org

Original Fees Paid: \$ _____ Date Paid: _____ Paid by: Cash Check Credit Card

Reason for Refund: _____

Parent or Requester's Signature: _____ Request Date: _____

You must submit this form to RYSA no later than 5:00 PM on February 28, 2026 to ensure a refund.

THERE ARE NO REFUNDS AFTER February 28, 2026.

REFUND POLICY:

- ◆ A refund of the registration fee **less a \$20.00 Administration Fee** will be issued to any registrant who decides, prior to the first game of the season, to not play on the RYSA team to which he/she was assigned.
- ◆ **Late fees are non-refundable.**
- ◆ A full refund of the registration fee (not including online processing fees) will be made if a player registers and RYSA cannot provide a team upon which the child can play or, prior to the player draft/team formation date, the player decides not to play.
- ◆ A full refund of the registration fee (not including online processing fees) will be made if a player withdraws prior to team formation; defined as 5pm on January 31, 2026.
- ◆ We will begin processing refunds 2 weeks after the first scheduled game (this is to allow the treasurer the necessary time to respond to the refund requests).

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|---|-------------------------------|-------------------|
| Office use only: | Original | Date |
| Original Registration Fee Collected: \$ _____ | Check or | Cleared |
| Less Processing Fee & Late Fee: \$ (_____) | Deposit # _____ | Bank: _____ |
| Total Amount to be refunded: \$ _____ | | |
| Comments: _____ | | |
| Approved by: _____ | | Date: _____ |
| Check No.: _____ | Refund Check Amount: \$ _____ | Check Date: _____ |
| Office: Attach Player application/contract form referencing original registration deposit information | | |