



Everyone Plays – Balanced Teams – Open Registration – Positive Coaching – Good Sportsmanship

SELECT PLAYER DROP FORM

*** To be filled out by the Select Coach ***

Boys Girls U-19 U-16 U-14 U-12 U-10

Team #: _____ Coach Name: _____ Date: _____

Drop requested by: Coach Parent/Guardian Player Name: _____

Reason for drop request: Player cannot be contacted Player does not attend practices/games

Other _____

Did player: attend practices? Yes No attend games? Yes No
if Yes, how many? _____ if Yes, how many? _____

Did player receive a uniform? Yes No if Yes, was it returned? Yes No

*** To be filled out by the Select Coordinator ***

Verification:

If the drop is requested by the Coach/Player, the Parent/Guardian must be contacted to verify the request:

Was contact made? Yes No if Yes, how? Phone Visit to Residence

Reason for drop: _____

Reason if contact was not made: No response/Note left at residence Player moved

Other: _____

Recommendation:

Drop Request Recommended? Yes No Applicable Refund Policy Guideline # (check one): 1 2 3

Other: _____

if Yes, Refund Type: Partial Full _____
Select Coordinator (Print Name) _____ Date _____

Received by:

Registrar: _____ Form Received Date _____ Player Registered? Yes No Total Fee Paid? \$ _____

Treasurer: _____ Form Received Date _____ Refund Request Rec'd? Yes No Refund Amount: \$ _____

Select Coordinator: Submit the Pink and White copies of the Player Registration Form and this Form to the Registrar.

Registrar: Verify player registration and amount of fee paid. Ensure both registration copies and this Form is submitted to the Treasurer.

Treasurer: Deduct fees as applicable and process refund not later than 4 weeks from receipt of the Refund Request.