

Youth Reinstatement (Youth player registered to an adult team being reinstated to youth status)

PLAYER INFORM	4 A T	ION						
Name:	/IAI	ION			Τ,	D #:		
Address:						υ #.		
						Postal Code:		
City:						Mobile:		
Home Telephone:								
Email:						Date of Birth (mm/dd/yyyy):		
Player Signature:					L	Date (mm/dd/yyyy):		
TRANSFERING F	RO	M (Releasing Sen	ior C	lub) – if		TRANSFERING TO	(Accepting Youth Club) – if	
already registere	d					already registered		
Club:						Club:		
Age Group:						Age Group:		
Division:						Division:		
League:						District:		
<b>Releasing Club</b>						Accepting Club		
Official Name						Official Name:		
Position:						Position:		
Phone:						Phone:		
Email:						Email:		
Signature:						Signature:		
Date(mm/dd/yyyy):						Date(mm/dd/yyy):		
APPROVAL (Senior League Official) – if already				already		APPROVAL (Youth District Registrar)		
registered				•			,	
<b>Releasing Senior</b>						Accepting Youth		
League Official						District		
Name:						Registrar Name:		
Position:								
Signature:						Signature:		
Date(mm/dd/yyyy)	:					Date(mm/dd/yyyy):		
Please Check	Pa	ment Method	- Rei	nstatemer	nt fee is	\$26.25 per reinstat	tement (price includes GST)	
	Cheque (made payable to BC Soccer Association)							
	Cash							
	Debit (available at office only)							
	Credit Card (please provide information below or call to provide over the phone 604.299.6401)							
	Name as appears on the Credit Card:					ean to promae oren the p		
		Type of card (VI						
		Credit Card num			J,,.			
		Credit Card expi		te (mm/vv)·			Security code:	
		Cardholder Sign	_				became, code.	
SUBMISSION I	NICT			•				
Submit via one of			1					
Jabinit via one of	uie	Tollowing.	1)	Mail	BC Soco	cer Association Office		
				,		3410 Lougheed Highway, Vancouver, BC, V5M 2A4		
				Email:		ocsoccer.net		
				2) Email: info@bcsoccer.net 3) Fax: 604.299.9610				
			٦)	. 3/1.	1 004.23.			

OFFICE USE ONLY						
Date Received:	Processed by:					