

Youth Reinstatement

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

PLAYER INFORMATION	
Name:	ID #:
Address:	
City:	Postal Code:
Home Telephone:	Mobile:
Email:	Date of Birth (mm/dd/yyyy):
Player Signature:	Date (mm/dd/yyyy):

TRANSFERING FROM (Releasing Senior Team) – if already registered	
Team:	
Age Group:	
Division:	
League:	
Releasing Team Official Name:	
Position:	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyyy):	

TRANSFERING TO (Accepting Youth Team) – if already registered	
Team:	
Age Group:	
Division:	
District:	
Accepting Team Official Name:	
Position:	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyyy):	

APPROVAL (Senior League Official) – if already registered	
Releasing Senior League Official Name:	
Position:	
Signature:	
Date(mm/dd/yyyy):	

APPROVAL (Youth District Registrar)	
Accepting Youth District Registrar Name:	
Signature:	
Date(mm/dd/yyyy):	

Please Check		Payment Method (Reinstatement fee is \$25 per reinstatement)	
<input type="checkbox"/>		Cheque (made payable to BC Soccer Association)	
<input type="checkbox"/>		Cash	
<input type="checkbox"/>		Debit (available at office only)	
<input type="checkbox"/>		Credit Card (please provide information below or call to provide over the phone 604.299.6401)	
		Name as appears on the Credit Card:	
		Type of card (VISA or Mastercard only):	
		Credit Card number:	
		Credit Card expiry date (mm/yy):	Security code:
		Cardholder Signature:	

SUBMISSION INSTRUCTIONS			
Submit to the attention of:	Ryan McQuillan, Member Services Coordinator		
Submit via one of the following:	1) Mail	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4	
	2) Email:	ryanmcquillan@bcsoccer.net	
	3) Fax:	604.299.9610	

OFFICE USE ONLY	
Date Received:	Processed by: