

THE ONTARIO SOCCER ASSOCIATION REINSTATEMENT APPLICATION FORM

(For Use By a Club Reinstating A Player to Play on an Amateur Team)

Check one	e: Non-Amateur to Amateur	Professional to Amateur	•
Name:		7	
(First)	(Middle)	(Last)	
O.S.A. Registrant Number:	Date of Birth:_	/ /	
.ddress:	City/Town:	Postal Code:	
Iome Phone: () - (ax Number: () -	Business Phone: () - E-Mail Address:		
When did the applicant become a Nor	n-Amateur/Professional://		
Clubs with which the applicant has pla	DD MM nyed as a Non-Amateur or Professional ar		
1			
2			
3	From (mm/yy):	To (mm/yy):	
	s a non-Amateur or Professional and whe		
Date of last game as a non-amateur or	Professional with the above Club: Da	ay:Month:	Year:
Has the applicant been reinstated beform Club for which the applicant desires to		If yes, when:	
Name of Club Contact:	O.S.A. Registra	ant Number:	
Daytime Phone Number: ()	- Extension:	•	
Reasons for Reinstatement:			
		DY111 GO GGDD 1 GGO G	X 1 57 C 3 X
	O OF DIRECTORS - THE CANA d non-amateur/professional and apply for		
and a release from my previous club.	i non-amateur/professionar and appry for	remstatement as an amateur.	T cherose a \$125.00 fee
Signature of Player:		Date:	
District Association Approval:		Date:	
I	PERMIT TO PLAY PENDING RE	EINSTATEMENT	
This is to certify that,		a former non-amateur/Pro	Pessional is granted
,	Name of Player		C
a permit to register as an amateur with		Club effective fourteen (14) days following date of
	val by the Canadian Soccer Association.	The player is eligible to play	one day after he/she is
registered as an amateur	Dainstatament	Data	
Issue Date:	Keinstatement	Date:	
Provincial Association Approval:			
	ANADIAN SOCCER ASSOCIAT		
The Canadian Soccer Association		Date	_

Note: Players registered with another National Association cannot be reinstated by this Association.

Please enclose cheque or money order made payable to the OSA.