



THE ONTARIO SOCCER ASSOCIATION

PLAYER DE-REGISTRATION FORM



Player Detail

OSA REGISTRANT'S NUMBER	FIRST NAME	LAST NAME	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
ADDRESS		APT OR UNIT #	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
CITY/TOWN	PROV	POSTAL CODE	
<input style="width: 100%;" type="text"/>	ON	<input style="width: 100%;" type="text"/>	
AREA CODE	TELEPHONE NUMBER	DATE OF BIRTH: D-M-Y	GENDER: CIRCLE ONE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	M F
PLAYER SIGNATURE			DATE
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>

Club/Team Detail

TEAM NUMBER	TEAM NAME	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
LEAGUE NUMBER	LEAGUE NAME	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
CLUB NUMBER	CLUB NAME	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
DISTRICT NUMBER	DISTRICT NAME	
0004	SOUTH-WEST REGIONAL SOCCER ASSOCIATION	
TEAM AGE DIVISION	TEAM GENDER: CIRCLE ONE.	
<input style="width: 100%;" type="text"/>	MALE FEMALE MIXED	
THIS PLAYER HAS BEEN DE-REGISTERED FROM THE ABOVE TEAM AND IS THEREFORE ELIGIBLE TO SIGN WITH ANOTHER TEAM.		
NAME OF CLUB REGISTRAR	SIGNATURE OF CLUB REGISTRAR	DATE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

District

DISTRICT USE ONLY	_____	_____
	DISTRICT REGISTRAR'S SIGNATURE	DATE

NOTE: THIS PLAYER DE-REGISTRATION BECOMES EFFECTIVE ON THE DATE AUTHORIZED BY THE DISTRICT REGISTRAR. THE DISTRICT IS RESPONSIBLE FOR MAILING THE "PLAYER COPY" OF THIS FORM TO THE PLAYERS

Player Copy Club Copy District Copy
