

Application to Play Out of District

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

I, _____ am a resident of _____
 (Name of player) (Full name of current Youth District)

Hereby apply to play in _____
 (Full name of Youth District)

RELEASING YOUTH DISTRICT	
Name of Youth District Official:	
Position	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyyy):	

ACCEPTING YOUTH DISTRICT	
Name of Youth District Official:	
Position	
Phone:	
Email:	
Signature:	
Date(dd/mm/yyyy):	

SUBMISSION INSTRUCTIONS		
Complete the form with all signatures required.		
Submit to the attention of:	Kendall Allen, Member Services Administrator	
Submit via one of the following:	1) Mail	BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4
	2) Email:	kendallallen@bcsoccer.net
	3) Fax:	604.299.9610

PLEASE NOTE
<ul style="list-style-type: none"> If the player has already registered with any District or Club in the current playing season, a Youth Application to Transfer form is also required. Reference: BC Soccer Rules & Regulations RULE 22 – ZONING RULE, and, RULE 7 – PLAYER TRANSFERS