

THE ONTARIO SOCCER ASSOCIATION

PLAYER DE-REGISTRATION FORM



Player Details	O.S.A. Registrant No.	First Name	Last Name			
	Address					Apt. No.
	City / Town		Province	Postal Code		
			O N			
	Area Code	Telephone No.	Date of Birth	Day	Month	Year
_____ Player's Signature					Date: Day Month Year _____	

Team Details	Team Number	Team Name
	League Number	League Name
	Club Number	Club Name
	District Number	District Name
	Team Age Division	Team Gender
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Mixed <input type="checkbox"/>
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: Day Month Year _____

HADED AREA FOR OFFICE USE ONLY	Day Month Year _____
_____ District Registrar's Authorization	

Note: This Player de-registration becomes effective on the date authorized by the District Registrar. The District Association is responsible for mailing the "Player Copy" of this form to the player.
 DISTRICT COPY