



United States Soccer Federation, Inc. Amateur Reinstatement Form (AR 3-03)

Please Print or Type Clearly

Player's Last Name	First Name	Middle Initial	
_____	_____	_____	
Permanent Address	City	State	Zip
_____	_____	_____	_____
	_____/_____/_____ Date of Birth	(____)____-_____ Telephone Number	

Club that applicant last played for as a professional _____

Date of last game played _____

Signature of club official verifying date _____

Title _____

Reason for requesting amateur reinstatement _____

Signature of applicant

Date

Application must be approved by state association/professional league that the last club was affiliated

Approved by _____
Signature of State Association/Professional League Officer

Date _____ State/Professional League _____

Please complete and submit this form along with application fee of \$50.00 by mail to:

U.S. Soccer Federation
Attn: Federation Services Department/Amateur Reinstatement
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 Fax