



**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 _____

_____-_____-_____
 Social Security Number
 (Optional)

_____/_____/_____
 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