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