



REINSTATEMENT FORM

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DATE WHEN APPLICANT BECAME A PROFESSIONAL _____

IN WHAT COUNTRY? _____

CLUBS APPLICANT PLAYED AS A PROFESSIONAL _____

CLUB THAT APPLICANT LAST PLAYED WITH _____

DATE OF LAST GAME _____

SIGNATURE VERIFYING DATE _____

TITLE _____

REASON FOR DESIRING REINSTATEMENT _____

Signature of Applicant _____ Date _____

Please be advised that a professional player may be reinstated as
an amateur only once in a two year period.

MUST BE APPROVED BY STATE ASSOCIATION OR PROFESSIONAL LEAGUE

APPROVED BY _____

Signature of State Association/Professional League Officer

DATE _____

STATE/PROFESSIONAL LEAGUE _____

PLEASE ENCLOSE A CHECK IN THE AMOUNT OF \$50.00

U.S. Soccer House 1801-1811 S. Prairie Avenue Chicago, Illinois 60616
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Return to: OASA 1750 SW Skyline Blvd., Suite 121
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