



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