THE ONTARIO SOCCER ASSOCIATION

PLAYER DE-REGISTRATION FORM

Player Details

O.S.A. Registrarant No. | First Name | Last Name

Address | Apt. No.

City / Town | Province O N | Postal Code

Area Code | Telephone No. -

Date of Birth: Day | Month | Year

Sex (M/F)

Player's Signature

Date: Day | Month | Year

Team Details

Team Number T | Team Name

League Number L | League Name

Club Number C B | Club Name

District Number D T 0 0 | District Name

Team Age Division | Team Gender M ale F emale mi X ed

This player has been de-registered from the above team and is therefore eligible to sign with another team.

Name of Club Registrar | Signature of Club Registrar

Date: Day | Month | Year

SHADED AREA FOR OFFICE USE ONLY

District Registrar's Authorization

Day | Month | Year

Note: This Player de-registration becomes effective on the date authorized by the District Registrar. The District Association is responsible for mailing the "Player Copy" of this form to the player.

DISTRICT COPY