



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