



NEW HAMPSHIRE SOCCER ASSOCIATION

Player Registration Status Form

Instructions: Complete the Player information section and the appropriate section (s) below, return the form with the necessary signatures and the processing fee (if applicable-see appropriate sections (below) to the New Hampshire Soccer Association State Registrar for Approval.

Player Information:

PLAYER NAME (PRINT) _____ DATE OF BIRTH _____

ADDRESS _____ PLAYER REGISTRATION NUMBER _____

CITY _____ STATE _____ ZIP _____

I WAS / WAS NOT ROSTERED TO A TEAM WHICH PARTICIPATED IN CUP PLAY THIS SEASONAL YEAR (September 1- August 31.)

SIGNATURE – Player _____ Phone (_____) _____

SIGNATURE – Parent _____ Phone {_____) _____

TRANSFER REQUEST Player being transferred from another team (release from original team must be obtained). **\$15.00 Fee.**

NEW TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Team Official _____ Date _____

RELEASE Player is being removed from roster. Original player pass must be surrendered to registrar processing the transfer. **No Fee.**

TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

REASON FOR RELEASE _____

SIGNATURE – Team Official _____ Date _____

DOUBLE ROSTER Player is rostering on two teams. Original player pass must be surrendered to registrar. **\$15.00 Fee.**

PRIMARY TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Team Official _____ Date _____

SECONDARY TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Team Official _____ Date _____

PERMISSION TO PLAY IN ANOTHER STATE Player wishes to ply on a team in another state. **\$25.00 Fee.**

TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

PERMISSION TO PLAY IN NEW HAMPSHIRE Player from another state wishes to play on a team in New Hampshire. **No Fee.**

TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Other State Registrar _____ Date _____

PERMISSION GRANTED **PERMISSION DENIED**

FEE NOT APPLICABLE **FEE RECEIVED:** Amount _____ Check# _____ Cash

SIGNATURE – New Hampshire State Registrar _____ Date _____

TRANSACTION TAKES EFFECT ON THE DATE THE STATE REGISTRAR SIGNS THIS FORM