

SUBMISSION INSTRUCTIONS

- Please see Rule 4d. Team Rules- Player Pick ups Youth Provincial Competition Rules and Regulations www.bcsoccer.net
- Complete section 1-4 and then submit to your Youth District for approval, the Youth District will then forward the request onto BC Soccer for review. If approved the team applying for the player pick-up will be contacted.
- Please attach all necessary supporting documentation (letter from parent or Doctor) to this form.
- Forms improperly or not fully filled out will be automatically rejected

| Submit to the attention of: | Sanaz Khaibir, Administrative Coordinator | | | | |
|----------------------------------|---|---|--|--|--|
| Submit via one of the following: | 1) Mail | BC Soccer Association Office 250 – 3410 Lougheed Highway, Vancouver, BC, V5M 2A4 | | | |
| | 2) Email: | info@bcsoccer.net | | | |

| TEAM INF | ORMATIO | N | | | | | | | |
|---|------------|------------|-----------------|-------------------------|---------|------------------|--|---------------|-------|
| Name of ⁻ | Team apply | ing to | oick up a playe | r: | | | | | |
| Club Name: | | | | Name of Youth District: | | | | | |
| Competition your team is competing in: | | | | | | | | | |
| Team | Boys | Boys Girls | | Provincial Premier Cup | | Provincial A Cup | | vincial B Cup | Other |
| | U14 | | U15 | U16 | U17 | U18 | | Other | |
| Name of Team Official requesting pick-up: | | | | | | | | | |
| Position: | | | | | | | | | |
| Phone: | | | | | Mobile: | | | | |
| Email: | | | | | Fax: | | | | |
| Signature: | | | | Date (dd/mm/yyyy): | | | | | |

| UNAVAILABLE PLAYER INFORMATION | | | | | | |
|--|--------------------|--|--|--|--|--|
| Name of player unavailable: | | | | | | |
| Date of Birth (dd/mm/yyyy): | Player ID#: | | | | | |
| Reason for unavailability: | | | | | | |
| Parent/Guardian Name: | | | | | | |
| Parent Signature: | Date (dd/mm/yyyy): | | | | | |
| Please attach letter from the player's parent/guardian confirming the player's unavailability. | | | | | | |

| REQUESTED PICK UP PLAYER INFORMATION | | | | | | | | | | |
|---------------------------------------|------|------------|--|------------------------|--------------|------------------|-----|------------------|-------|-------|
| Name of player requested for pick up: | | | | | | | | | | |
| Date of Birth (dd/mm/yyyy): | | | | Player ID#: | | | | | | |
| Current Club: | | | | | Current Team | | | | | |
| Current | Boys | Boys Girls | | Provincial Premier Cup | | Provincial A Cup | | Provincial B Cup | | Other |
| Division | U14 | U14 U | | 15 U16 | | U17 | U18 | | Other | |
| Name of Current Team Official: | | | | | | | | | | |
| Position: | | | | | | | | | | |
| Phone: | | | | Mobile | | | | | | |
| Email: | | | | Fax: | | | | | | |

| YOUTH DISTRICT APPROVAL | | | | |
|--------------------------------|--------------------|--|--|--|
| District Chair/Registrar Name: | | | | |
| Phone: | Mobile | | | |
| Email: | Fax: | | | |
| Signature: | Date (dd/mm/yyyy): | | | |



Provincial Championship Player Pick-up/Permit Request Form

| Date (dd/mm/yyyy): |
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