PENINSULA SOCCER ASSOCIATION
APPLICATION TO PLAY UP

Player Information:

Name (*last, first*):_____

Birth Date: Year: _____ Month_____ Day: _____

Address:_____

_____

Phone: (*Home*) _____

Email Address: _____

Current Team: U _____ Boys / Girls *(circle one)* Bronze Silver Gold Metro *(circle one)*

Coach: _____

Tel: _____ Email: _____

Reason(s) for applicant to play up one level:

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(cont. on extra page if required)

Summary of playing experience, academy programs, etc.:

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(cont. on extra page if required)

Name of previous coaches / teams (for applicants new to PSC, a contact name, phone and email at previous club is requested as reference);

_____

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_____

U12-U18 only: Is this player primarily interested in playing as a goal keeper? Y N
(circle one)

Signature (*parent / guardian*): _____

Date: _____

Mail Completed Form To:

Peninsula Soccer Association - P.O Box 2582, Sidney, B.C. V8L 4C1