

SOCCKER NOVA SCOTIA

210 Thomas Raddall Drive, Halifax, NS, B3S 1K3
p. 902-445-0265 f. 902-445-0258



PLAYER DE-REGISTRATION FORM

Player Details (Please Print):

_____	_____	_____
First Name	Last Name	Date of Birth (dd/mm/year)
_____		_____
Address		Apt. No.
_____	_____	_____
City/Town	Province	Postal Code
_____		(____)
e-mail address		Phone No.
_____		_____
Player Signature		Date

Team/League Details (Please Print):

Team Name:	_____	
League Name:	_____	
Club Name:	_____	
District Name:	_____	
Team Age Division:	_____	
Team Gender:	M <input type="checkbox"/> F <input type="checkbox"/>	
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 (dd/mm/year)

For Soccer Nova Scotia use only:		
_____	_____	_____
Name of SNS Registrar	Signature of SNS Registrar	Date (dd/mm/year)

Note: This player de-registration becomes effective on the date authorized by the Club. The Club is responsible for mailing the "Player Copy" of this form to the player, and to Soccer Nova Scotia.