



Fullerton Rangers Youth Soccer Club

FRYSC ♦ 369 S Acacia Ave ♦ Fullerton ♦ CA ♦ (714) 519-3171

20____ - ____ Fall Spring - Request for "Playing-Up"

I/we, the parent(s)/guardian(s) of _____ do hereby request the approval of the Team Formation Committee of the Fullerton Rangers Youth Soccer Club, for my son/daughter to "Play-Up" for the Fall Season. Our request is based upon the following reasons:

- Siblings
- Carpooling
- Advanced Skills

Other: _____

Requesting to Play-Up from Division _____ to Division _____

Players Date of Birth: _____ Players Team and Division from last year: _____

Your review of this request is appreciated. Please notify me/us at the address below.

Parent Name and Signature Date

Address _____

Phone _____ Home email _____

Last year's Coach/Assistant Coach Recommendation:

I hereby recommend that _____ be permitted to "Play-Up" for the up-coming season.

Coach Name and Signature Date

Parents/guardians must send this letter to the Team Formation Committee NO LATER THAN THE LAST SCHEDULED REGISTRATION DATE in order for their child to be considered to "Play-Up" in Recreational or Signature League. Verbal requests or those received after the deadline will not be honored. Player MUST go to a rating session for the division being requested. Play-up into an age group with higher registration fee will be notified via email for additional payment due upon notice. Failure to pay fee will result in denial.

FRYSC Team Formation Committee – 369 S. Acacia Ave. Fullerton, CA 92831

Official Use:

Request is Approved
 Denied

Reason for denial: _____