

**Mailing Address**

PO Box 27088  
Regina, SK, S4R 8R8  
Phone: (306) 352 8040



**Physical Office Location**

1700 Elphinstone Street (at Evraz Place)  
Regina, SK, S4T 2A0  
Phone: (306) 352 8040

[www.fcregina.com](http://www.fcregina.com)

**Player Release Request Form**

Players Name: \_\_\_\_\_

Players Age: \_\_\_\_\_ DOB (mm/dd/yr): \_\_\_\_\_ Male  Female

Team Last Registered With: \_\_\_\_\_

Division Last Registered In: \_\_\_\_\_

Season Last Registered with FCR: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Release Requested: Seasonal  Permanent

Requested By: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Office Use Only:

Request: Approved  Denied

Date Received in Office: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Player Status with FC Regina: Good Standing  Bad Standing

FCR Office Staff Signature: \_\_\_\_\_