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## **PEIFC - EXCEPTIONAL PLAYER FORM**

Application and \$250 application fee must be submitted by January 15th.

NAME	DATE OF BIRTH (MM/DD/YYYY)
MAILING ADDRESS	
CITY	POSTAL CODE
EMAIL	PHONE
SOCCER CLUB	SCHOOL GRADE
# YEARS PLAYED	POSITION
HIGHER AGE GROUP APPLYING TO PLAY	

SIGNATURES		
I hereby understand that by signing this form on behalf of my child in applying for exceptional player status that the decision of the evaluation is final.		
PARENT/GUARDIAN	DATE	

Requirement: The application must be accompanied by the application fee and if the fee is not paid in full by January 15, the application will not be processed.

Email form to: <a href="mailto:admin@peisoccer.com">admin@peisoccer.com</a> Payment email to: <a href="mailto:peisoccerprograms@gmail.com">peisoccerprograms@gmail.com</a>

DATE RECEIVED

APPLICATION FEE RECEIVED YES NO

DECISION APPROVED DENIED

BOARD AUTHORIZATION

DATE OF AUTHORIZATION