

CAMP HILL SOCCER CLUB
PLAYER LEVEL ADVANCEMENT REQUEST FORM

Notice: The Camp Hill Soccer Club Selection Committee will only review written player advancement request fully completed on this form and submitted before the close of registration. Please note, advancement requests may not be considered if the player in question does not attend club evaluations. Completed forms should be turned into the President, the VP of Travel or mail to P.O. Box 1484 Camp Hill, PA 17001.

Requesting:

_____ Registered Age Group _____ Requested Age Group ___/___/_____ Birthdate Player Name: _____
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Reasons for Advancement Request:

List the reasons for your request. You may attach additional pages as needed: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Submitted By:

Name: _____ Signature: _____ Address: _____ Telephone/cell: _____ Email: _____

Committee use only:

Date Received: _____ Received by: _____
Comments: _____ _____ _____
Recommended Action: _____ _____ _____