



Fullerton Rangers Youth Soccer Club

1040 S. Raymond, Suite C • Fullerton • CA • 92831 • 714/526-3772

20____ - ____ 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.

_____ Date
Parent Name and Signature

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.

_____ Date
Coach Name and Signature

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.

FRYSC Team Formation Committee
1040 S. Raymond Suite C
Fullerton, CA 92831

Official Use:

Request is Approved
 Denied

Reason for denial: _____