

Space City Futbol Club

Play-Up Request Form

Please type or print legibly. Please use your child's Birth Certificate Name.

Players may only play-up 1 age group unless the player's parent is head coach (then 2 year playups are allowed). For additional play-up information, please see the club's program specific page on the website.

Unless the request is to allow the player to remain with their previous team, requests must have the approval of the pro staff, prior coach, division director, or appropriate vice president.

Player Name as it appears in Registration: _____

Birth Date: _____

Street Address: _____

Parent First and Last Name: _____

Previous Team Name and Age Group: _____

Previous Coach or Team Name: _____

Age Group for Season Under Consideration: _____

Request Play-Up to: _____

Reason for Requesting Play-Up:

_____ stay with prior team – no additional approval required

_____ play with sibling – additional approval required

_____ transportation – additional approval required

_____ other

Signature of Parent: _____ Date: _____

Signature of Prior Coach, Division Director, VP, or Pro Staff (if applicable): _____

Send U4-U5 requests VP4@spacecityfc.org Send U6-U10 requests VP3@spacecityfc.org Send U11 and up Recreational to VP2@spacecityfc.org

Revised June 4, 2016