

Macarthur District Soccer Football Association Inc.



REGRADE

(TO BE FILLED OUT IN BLOCK LETTERS IN TRIPLICATE)

Approval is requested to **REGRADE** the following player:

CLUB: _____ FFA NO: _____

SURNAME: _____ GIVEN NAME: _____

Present Grade: _____ Div: _____ Proposed Grade: _____ Div: _____

Number of players in present team: _____ Number of players in proposed team: _____

Reason for requesting the **REGRADE**: _____

Signature: _____

Name: _____

Title: _____

Date: _____

(Association Use Only)

• Approval: _____ APPROVED / NOT APPROVED

• Signed: _____

• Date: _____ / _____ / _____

• LCC: _____

• Competition Facilitator: _____

• Office: _____

• Fee: Mini: \$13.20 Junior: \$22.00 Senior: \$24.20
(One fee if REGRADE and TRANSFER are requested at the same time)

