

**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:_____         |                          |                          |

**Reasons for Advancement Request:**

|   |
|---|
| List the reasons for your request. You may attach additional pages as needed:<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____<br><br>_____ |
|---|

**Submitted By:**

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

**Committee use only:**

|  |                   |
|--|-------------------|
| Date Received:_____                        | Received by:_____ |
| Comments:_____<br>_____<br>_____<br>_____  |                   |
| Recommended Action:_____<br>_____<br>_____ |                   |