



SSC Shadow
PO Box 18176
Spokane, WA 99228

Player Withdrawal Form

This form, when completed and signed by the player, the player's parent or legal guardian and received by SSC Shadow, will be considered the official notification of the player's intent to withdraw from the club. The player's withdrawal will be official as of the date this completed form is received and processed by SSC Shadow.

Please withdraw - Player's name: _____

From – Team or Club Program & Age Group: _____

Player Address: _____

Phone Number: _____

Please provide a brief statement as to the reason for leaving the club:

Club dues and team expenses are due and payable until such time as the player has officially withdrawn from the team. To officially withdraw from a team, the player must complete and sign a SSC Shadow Player Withdrawal Form and return it to SSC Shadow. The date the withdrawal form is received by the SSC Shadow is the official date of withdrawal. The form must be received by the 5th day of the month, or an entire month of club dues and team expenses will be due.

Parent Name (Please Print)

Player Name (Please Print)

Parent Signature

Player Signature

Club Use Only

Date Received:

Effective Date:

OLR Record: Inactive: Y or N

Team Account Status:

Zero Balance: Y or N

Club Dues Owed: Paid in Full: Y or N

Amount Owed:

Account Settled: Y or N

Club Rep: