



Maryland State Youth Soccer Association

AFFILIATED WITH THE UNITED STATES SOCCER FEDERATION

07/2001



MSYSA Tournament Guest Player Form

- Maryland Player(s) to Guest on a Maryland team (Team Registrar approval)
- Maryland Player(s) to Guest on a non-Maryland team (State or Asst. State Registrar approval)

Player Identification (Up to Three)

1. Name (last, first) _____ Date of Birth ____ / ____ / ____ SSN/ID# ____ - ____ - ____

Address _____ City, State, Zip _____

League _____ Club _____ Club # _____

Jersey # ____ Team _____ Team # _____ Age **U** - ____

2. Name (last, first) _____ Date of Birth ____ / ____ / ____ SSN/ID# ____ - ____ - ____

Address _____ City, State, Zip _____

League _____ Club _____ Club # _____

Jersey # ____ Team _____ Team # _____ Age **U** - ____

3. Name (last, first) _____ Date of Birth ____ / ____ / ____ SSN/ID# ____ - ____ - ____

Address _____ City, State, Zip _____

League _____ Club _____ Club # _____

Jersey # ____ Team _____ Team # _____ Age **U** - ____

Team and Tournament Information

League _____ Club _____ Club # _____

Team _____ Team # _____ Age **U** - ____

*State Ass'n. _____ Coach _____ Phone _____

Tournament _____

City, State _____ Dates _____

THE ABOVE PLAYERS ARE REGISTERED WITH THE MARYLAND STATE YOUTH SOCCER ASSOCIATION (MSYSA) AND ARE IN GOOD STANDING.

SIGNATURE: MSYSA REGISTRAR OR DESIGNEE

DATE

(IF REQUIRED): *OTHER STATE REGISTRAR OR DESIGNEE

DATE

REGISTRAR STAMP

REGISTRAR STAMP