



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 ____/____/____ ID# _____
 Address _____ City, State, Zip _____
 League _____ Club _____ Club # _____
 Jersey # _____ Team _____ Team # _____ Age **U** - _____

2. Name (last, first) _____ Date of Birth ____/____/____ ID# _____
 Address _____ City, State, Zip _____
 League _____ Club _____ Club # _____
 Jersey # _____ Team _____ Team # _____ Age **U** - _____

3. Name (last, first) _____ Date of Birth ____/____/____ 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

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