

South Dakota State Soccer Association

Affiliated with US Youth Soccer and USSF



President

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SOUTH DAKOTA STATE SOCCER GUEST PLAYER FORM

The following player(s) will be guest player(s) on _____
(date)
at the _____ tournament in _____.
(name of tournament) (location)

<u>Guest Player Name</u>	<u>Birthdate</u>	<u>Primary Team</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The coaches recognize that the players will return to their primary team once the tournament is over.

Signatures of Primary (Current) Coaches:

#1 Guest Player _____ Date _____
#2 Guest Player _____ Date _____
#3 Guest Player _____ Date _____

Coach Requesting Guest Players _____

Guest Team Name _____
(Coaches – attach this copy to your roster for check-in.)

Please mail a copy of this completed form to:

Dawn Swoboda, Operations Manager
3701 Freda Circle
Sioux Falls, SD 57103

Or you may fax the completed form to 605-371-2636.

This must be received prior to your competing in tournaments.