

KENTUCKY YOUTH SOCCER ASSOCIATION



KY American CUP – GUEST PLAYER FORM

TOURNAMENT TEAM/COACH INFORMATION			
Team Name:		Team Gender/Age Group:	
Head Coach Name:		Head Coach Email Address:	
REQUESTOR INFORMATION			
Requestor Name:		Requestor Role (i.e. Coach, Registrar, etc.)	
Requestor Email:		Requestor Phone:	
GUEST PLAYERS			
	PLAYER NAME	DATE OF BIRTH	PLAYER'S CURRENT TEAM NAME
1			
2			
3			
<p>I understand that if any of the above information is inaccurate, incorrect, or false, that the Kentucky Youth Soccer Association may take disciplinary action towards the head coach and/team administrator and/the described team.</p> <p>Coach Signature: _____</p> <p>Kentucky Youth Soccer Approval:</p>			