Guest Player Form

NAME (print) ___________________________ DATE OF BIRTH ___________________

ADDRESS ____________________________________________________________

CITY ___________________ STATE _______ ZIP ________________

SIGNATURE – Player __________________________ PHONE ______________________

SIGNATURE – Parent ______________________ PHONE ______________________

TEAM GUEST PLAYING FOR: ___________________________ COACH: ______________

LEAGUE: ______________________________________________________________

TOURNAMENT: ___________________________ DATES OF TOURNAMENT: __________

COACH OF HIGHEST LEVEL TEAM ON WHICH PLAYER IS REGISTERED ON MUST SIGN:

_________________________________ DATE _____________________________

APPROVE BY PA WEST SOCCER ___________ STATE APPROVAL SEAL ______________

SIGNATURE ___________________________ NAME (print) ______________________

TITLE ___________________________ DATE ___________________________