

2018 STEAMBOAT MOUNTAIN SOCCER TOURNAMENT

Guest Player Form

Name of Team: _____ Age Division: _____ State: _____
Association: _____ Coach: _____

1. Player Name, Date of Birth, Address, City, State, Zip

Name of Home Team \ Team Home \ Association \ Home Coach

2. Player Name, Date of Birth, Address, City, State, Zip

Name of Home Team \ Team Home \ Association \ Home Coach

3. Player Name, Date of Birth, Address, City, State, Zip

Name of Home Team \ Team Home \ Association \ Home Coach

4. Player Name, Date of Birth, Address, City, State, Zip

Name of Home Team \ Team Home \ Association \ Home Coach

5. Player Name, Date of Birth, Address, City, State, Zip

Name of Home Team \ Team Home \ Association \ Home Coach

6. Player Name, Date of Birth, Address, City, State, Zip

Name of Home Team \ Team Home \ Association \ Home Coach

I hereby certify that all above players are abiding by the Rules of the Tournament.

I understand that each player must be registered with the appropriate state or national organization and have a representative player pass to play in the tournament.

I confirm that each player shall have a fully completed medical release as per tournament guidelines.

Coach or Manager Name: _____

Signature: _____

Date: _____