

# South Dakota State Soccer Association

Affiliated with US Youth Soccer and USSF



## President

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## Registrar

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## Director of Coaching

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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 \_\_\_\_\_ (location).  
(name of tournament)

<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 \_\_\_\_\_

Please mail a copy of this completed form to:

Dawn Swoboda, State Registrar  
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.*