

## **GUEST PLAYER FORM**



North Dakota Soccer Association 1282 Fairway Street Dickinson, ND 58601 701-590-6620 director@northdakotaosoccer.org

This form is to be used by NDSA Clubs and/or Coaches who wish to have any player(s) guest play for their team OR have their player(s) guest play for another team. This request is usually for a specified set of dates or for a specified event such as tournaments, where clubs or events require Guest Player documentation AND/OR approval from NDSA for players registered to NDSA Member Clubs.

Guest Player #1	Name	Birthdate		
	Primary Team Name	Player Pass #		
Name of Coach/Club	Requesting this Player			
	er Will be Playing For			
Event Player will be Participating In				
Guest Player #2	Name	Birthdate		
	Primary Team Name	Player Pass #		
Name of Coach/Club Requesting this Player				
Name of Team Playe	er Will be Playing For			
Event Player will be Participating In		Date(s) of Event		
Guest Player #3	Name	Birthdate		
Guest Player #3		Birthdate Player Pass #		
	Primary Team Name	Player Pass #		
Name of Coach/Club	Primary Team Name Requesting this Player	Player Pass #		
Name of Coach/Club Name of Team Playe	Primary Team Name Requesting this Player er Will be Playing For	Player Pass #		
Name of Coach/Club Name of Team Playe	Primary Team Name Requesting this Player er Will be Playing For	Player Pass #		
Name of Coach/Club Name of Team Playe Event Player will be	Primary Team Name Requesting this Player er Will be Playing For Participating In	Player Pass #		
Name of Coach/Club Name of Team Playe Event Player will be	Primary Team Name Requesting this Player er Will be Playing For Participating In Name	Player Pass # Date(s) of Event		
Name of Coach/Club Name of Team Playe Event Player will be <b>Guest Player #4</b>	Primary Team Name o Requesting this Player er Will be Playing For Participating In Name Primary Team Name	Player Pass # Date(s) of Event Birthdate		
Name of Coach/Club Name of Team Playe Event Player will be <b>Guest Player #4</b> Name of Coach/Club	Primary Team Name o Requesting this Player er Will be Playing For Participating In Name Primary Team Name	Player Pass # Date(s) of Event Birthdate Player Pass #		

If the event you are attending DOES NOT require State Association Approval (from NDSA) then once form is completed it can be mailed, faxed, or emailed to NDSA at address, phone or email at top of form

## THIS SECTION FOR NDSA STATE OFFICE USE ONLY

For events that require NDSA approval for Guest Players registered to NDSA Member Clubs or events Sanctioned by NDSA then the following must be completed by NDSA. Once NDSA Approves this form below it will be returned to you for your use at the event you need it for.

The above Player(s) are allowed to guest play as requested.	NDSA Stamp
	Name
	Signature
	Date