KENTUCKY YOUTH SOCCER ASSOCIATION

RECREATIONAL TOURNAMENT – GUEST/TRAPPED 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/TRAPPED PLAYERS

	PLAYER NAME	DATE OF BIRTH	PLAYER'S CURRENT TEAM NAME
1			
2			
3			

Teams are limited to three (3) Guest Players. If you have more than three (3) guest plus trapped players, please complete and submit additional forms as needed. Multiple forms may be submitted together.

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.

Coach Signature: _____

Kentucky Youth Soccer Approval: