

VYSA GUEST PLAYER AUTHORITY



To Whom It May Concern:

This will confirm that the following player(s) are currently registered and in good standing with the Virginia Youth Soccer Association. These Player(s) have my permission to participate as a guest player in the following tournament:

(Tournament Name)

that will be held from (Tournament Dates)

in (City/State)

Player Name _____

Player Date of Birth _____

Player ID Number _____

Team Number _____

Coach's Name _____

Team Name _____

Player Name _____

Player Date of Birth _____

Player ID Number _____

Team Number _____

Coach's Name _____

Team Name _____

Player Name _____

Player Date of Birth _____

Player ID Number _____

Team Number _____

Coach's Name _____

Team Name _____

These players will be guest players for: _____

(Team Name)

that is coached by _____

(Coach's Name)

Registrar's Signature and Date _____