



LONG ISLAND JUNIOR SOCCER LEAGUE

631-648-9020

FAX 631-648-9025

**THIS FORM MUST BE SUBMITTED TO THE LEAGUE
TWO (2) WEEKS PRIOR TO THE TOURNAMENT.**

**GUEST PLAYER REGISTRATION FORM
Current Club Player Information**

PLAYER PASS # & NAME _____ D.O.B. _____

CLUB # & NAME _____

TEAM # & NAME _____

APPROVAL OF CURRENT COACH _____

APPROVAL OF CLUB PRESIDENT OR REGISTRAR _____

Borrowing Club Information

TOURNAMENT NAME _____

TOURNAMENT LOCATION _____

TOURNAMENT DATES _____

CLUB # & NAME _____

TEAM # & NAME _____

APPROVAL OF REQUESTING COACH _____

APPROVAL OF CLUB PRESIDENT OR REGISTRAR _____

ENTIRE FORM MUST BE FILLED OUT.
FORM WILL NOT BE APPROVED IF NOT SIGNED BY APPROPRIATE CLUB PERSONNEL.

**IT IS THE RESPONSIBILITY OF THE BORROWING CLUB TO RETURN THE PLAYER PASS
TO THE CURRENT CLUB IMMEDIATELY UPON CONCLUSION OF THE TOURNAMENT**

Long Island Junior Soccer League Approval Stamp: _____