



ST. FRANCIS SOCCER CLUB

1637 W. County line Rd. Ste D
Greenwood, IN 46142
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GUEST PLAYER FORM

Except for signature, please print. Thank you!

This form must be filled out for every player not listed on your official state association roster.
A maximum of four (4) guest players may play with your team

Team Name: _____

Division: _____

Boys / Girls: _____

Player #1:

Name: _____

Player Pass #: _____ Birth Date: _____

Add / Player replacing name: _____

Player #2:

Name: _____

Player Pass #: _____ Birth Date: _____

Add / Player replacing name: _____

Player #3:

Name: _____

Player Pass #: _____ Birth Date: _____

Add / Player replacing name: _____

Player #4:

Name: _____

Player Pass #: _____ Birth Date: _____

Add / Player replacing name: _____

Coach's Name: _____

Coach's Signature: _____

Team Manager's Name: _____

Team Manager's Signature: _____