



Long Island Junior Soccer League Guest Player Registration

Players Name	Players Phone Number	Players D.O.B
Club Name	Club Phone Number	
Team Name	Team Phone Number	
Signature of Current Coach	Coaches Name	
Signature of Club President or Registrar	President of Registrars Name	

Tournament Team Information

Tournament Name	Tournament Location
Tournament Dates	
Club Name	Club Phone Number
Team Name	Team Phone Number
Signature of Current Coach	Coaches Name
Signature of Club President or Registrar	President of Registrars Name

NOTE:

THIS FORM MUST BE SUBMITTED TO THE LEAGUE OFFICE TWO (2) WEEKS PRIOR TO TOURNAMENT WITH THE PERMISSION TO TRAVEL, WHERE APPLICABLE