

REQUEST FORM

In accordance with Logan County Soccer policy LCSC0030 all requests must be in writing. Verbal requests will not be honored. Requests are allowed but not guaranteed! Requests for specific practices schedules, practice locations and/or game times will not be honored.

PLAYER'S NAME: _____

ADDRESS: _____

CITY: STATE: ZIP: _____ PHONE: _____

PARENT / GUARDIAN NAME: _____

AGE GROUP: _____ GENDER (please circle one): BOYS GIRLS

TEAM PLAYER IS CURRENTLY REGISTERED TO: _____

COACH'S NAME OF PLAYER'S CURRENT TEAM: _____

REQUEST: _____

PLEASE ANSWER THE TWO QUESTIONS BELOW (PREVIOUS MEMBERS ONLY):

1. DID ANY PERSON THAT HAS ANY ASSOCIATION WITH A TEAM OR CLUB REPRESENTATIVE APPROACH YOU REGARDING YOUR REQUEST OR INFLUENCE YOUR REQUEST? (YES / NO)

If yes, please describe in detail the context of the contact. _____

2. PLEASE DESCRIBE IN DETAIL IN THE SPACE PROVIDED, THE REASON FOR THE REQUEST. BE SURE TO WRITE LEGIBLY. USE ADDITIONAL SPACE OR PAPER IF NECESSARY.

SIGNED: _____

DATE: _____

TIME: _____