

South Dakota State Soccer Association
Affiliated with US Youth Soccer and USSF



President
Mark Owen
4054 Valley West Drive
Rapid City, SD 57702
Cell: 605-484-5058
E-mail:
president@southdakotasoccer.com

Operations Manager:
Dawn Swoboda
3701 Freda Circle
Sioux Falls, SD 57103
Office: 605-371-2255
Fax: 605-371-2636
E-mail:
office@southdakotasoccer.com

SOUTH DAKOTA STATE SOCCER GUEST PLAYER FORM

The following player(s) will be guest player(s) on _____
(date)
at the _____ tournament in _____
(name of tournament) (location)

<u>Guest Player Name</u>	<u>Birthdate</u>	<u>Primary Team</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The coaches recognize that the players will return to their primary team once the tournament is over.

Signatures of Primary (Current) Coaches:

#1 Guest Player _____ Date _____
#2 Guest Player _____ Date _____
#3 Guest Player _____ Date _____

Coach Requesting Guest Players _____

Guest Team Name _____



Please mail a copy of this completed form to:

Dawn Swoboda, Operations Manager
3701 Freda Circle
Sioux Falls, SD 57103

Or you may fax the completed form to 605-371-2636.

This must be received prior to your competing in tournaments.