

BAY UNITED SOCCER CLUB

Guest Play Request Form

Date _____

Player Name _____ BUSC Team _____

Host Club Name AND ID# _____

Please circle "yes" or "no" for both: FYSA Affiliate yes/no US Club Soccer Affiliate yes/no

Host Team Age Group _____ ID# _____

Host Team Coach _____ Tel# _____

Host Team Manager _____ Tel# _____

Host Team DOC _____ Tel# _____

Tournament Name and Location _____

Tournament Dates _____ Age Bracket/Flight _____

Parent Name/Date _____ Signature _____

BUSC Head Coach _____ Approval Signature/Date _____

BUSC DOC _____ Approval Signature/Date _____

Reason for non-approval:

***If approved, approval is only for specific Guest Play as defined on this request form. Changes to Host Club, Host Team, Host Age Group, Tournament, Age Bracket/Flight, or any other changes may cause this approval to be rescinded and will require a NEW Guest Play Request Form to be submitted.**

cc: BUSC Registrar