



**LONG ISLAND JUNIOR SOCCER LEAGUE**

631-648-9020

FAX 631-648-9025

**THIS FORM MUST BE SUBMITTED TO THE LEAGUE  
TWO (2) WEEKS PRIOR TO THE TOURNAMENT.**

**GUEST PLAYER REGISTRATION FORM  
Current Club Player Information**

PLAYER PASS # & NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

CLUB # & NAME \_\_\_\_\_

TEAM # & NAME \_\_\_\_\_

APPROVAL OF CURRENT COACH \_\_\_\_\_

APPROVAL OF CLUB PRESIDENT OR REGISTRAR \_\_\_\_\_

**Borrowing Club Information**

TOURNAMENT NAME \_\_\_\_\_

TOURNAMENT LOCATION \_\_\_\_\_

TOURNAMENT DATES \_\_\_\_\_

CLUB # & NAME \_\_\_\_\_

TEAM # & NAME \_\_\_\_\_

APPROVAL OF REQUESTING COACH \_\_\_\_\_

APPROVAL OF CLUB PRESIDENT OR REGISTRAR \_\_\_\_\_

ENTIRE FORM MUST BE FILLED OUT.  
FORM WILL NOT BE APPROVED IF NOT SIGNED BY APPROPRIATE CLUB PERSONNEL.

**IT IS THE RESPONSIBILITY OF THE BORROWING CLUB TO RETURN THE PLAYER PASS  
TO THE CURRENT CLUB IMMEDIATELY UPON CONCLUSION OF THE TOURNAMENT**

Long Island Junior Soccer League Approval Stamp: \_\_\_\_\_