



27th Annual Panther Shootout GUEST PLAYER APPROVAL

This form is to be completed by the Team Coach, the Regional Commissioner of the Team, and the Regional Commissioner of the Region in which the Guest Player was registered for the 2025 Fall AYSO season. One form per Guest Player Region.

TEAM NAME	AREA	REGION	REGION NAME

DIVISION (check 'x' Age and Girls/Boys)	10U	12U	14U	BOYS	GIRLS

CONTACTS	NAME (First, Last) ADDRESS	Home phone (incl. area code)	Cell phone (incl. area code)	E-mail
HEAD COACH				

Shirt #	Player AYSO ID #	Home Region #	Guest Player's Name	Age	Date of Birth	Telephone

Tournament team's Regional Commissioner:

Print Name

Original Signature No Copies (Blue or Red Ink)

RC Address: _____ City: _____ Zip: _____

Phone No.: (____) _____ e-mail: _____ Date signed: _____

Guest player's "Home" Regional Commissioner:

I confirm that the details for each "Guest Player" listed above are accurate, that each player is currently registered and participated in the 2023 Fall AYSO season, and that no player has a pending game suspension..

Print Name

Original Signature No Copies (Blue or Red Ink)

RC Address: _____ City: _____ Zip: _____

Phone No.: (____) _____ e-mail: _____ Date signed: _____