

Bethesda Premier Cup



Application to Use Guest Players

This application MUST be received by November 7th and be accompanied with a copy of your approved State roster (either USYSA or U.S. Club). Teams <u>requesting</u> to use guest players may have no more than the following players present at the tournament, whose numbers may include up to 3 guest players: U9, U10 (7v7) rosters with guest players cannot exceed 14. U11, U12 (9v9) rosters with guest players cannot exceed 16. U13 rosters with guest players cannot exceed 18. U14-U19 teams cannot have more than 22 players present at the tournament. Any team requesting the use of guest players will be required to submit those players in writing on this form and will **be subject to approval by the Tournament Director**. Please note that guest players are only approved based on a team in the tournament not having sufficient numbers to compete and will not be used as a way to drastically alter their tournament roster or as a vehicle for try-outs or recruitment. In addition, no player can be considered a guest player if their primary carded team is participating in the tournament. Please note that U9 through U11 players can participate on another team within their organization and not be considered a guest player. All forms should be considered approved unless you are contacted back by the Tournament Director.

CLUB:		TE	AM:	DIV/AGE:		
COAC	H/TEAM CONTAC	CT:				
TELEPHONE: (H)		(W)				
	(M)		EMAIL:			
1. 2.						
NAME		PASS#	BIRTH DATE	REASON FOR NOT ATTENDING		
3.	Number of playe	ers not attending to				
4.						
5.	Add names of guest players (three maximum)					
NAME			PASS NUMBER	BIRTH DATE		

6.											
7.											
	U11, U12 (9v9) – Roster size with guest players cannot exceed 16. U13 – Roster size with guest players cannot exceed 18. U14 – U19 Roster size with guest players cannot exceed 22.										
							Our team understands and will abide in good faith with the tournament rules and its intent regarding guest players in the Bethesda Soccer Tournament.				
								Coach/Manager's Signature	Date		
	SEND (COMPLETED FORM AND ROSTER TO BY <u>NOVE</u>	MBER 10:								
Brad R	oos, Tournament Director										
	da Soccer Club										
	rovemont Circle rsburg, MD 20877										
	4-7363										
	400 2240 7598										
Email:	premiercup@bethesdasoccer.org										
APPRO	VED:	DENIED:									