



2017 Boyertown Blast Tournament Guest Player Approval Form & Roster



Tournament Dates: November 18 & 19, 2017

Name of Team: _____ Club: _____ Age Group: _____

Name of Coach: _____ E-Mail: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Guest Player	Guest Player Current Club/Team	Guest Player DOB	Player ID or Birth Cert#	Uniform #	Name of Player being Replaced on Roster

Guest Player Registration Requirements: Proof of Age must be provided for all guest players. Valid documentation includes copy of Players Pass from their State Organization or copy of player's birth certificate. All guest players must also submit a copy of EPYSA Medical Release Form. A maximum of 3 guest players (U8-U10), 4 guest players (U11-U12), or 5 guest players (U13-U15) may be added to your roster.

Certification: I, _____, certify that all guest player information provided above is true and accurate. I further acknowledge that all guest players meet the age requirements for the bracket they will be competing in and that no guest player shall compete for another team in the tournament

Coach's Signature: _____ Date: _____