



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED AND RETURNED WITH PAYMENT TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

MSYSA GUEST PLAYER ROSTER - \$10.00

CASH WILL NOT BE ACCEPTED. CHECKS MUST BE MADE PAYABLE TO MSYSA.

Coach's First Name: _____

Coach's Last Name: _____

E-mail Address: _____

Street Number: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone (w/ area code): _____

Work Phone (w/ area code): _____

Team Name: _____

League Name: _____

Team Number: _____

Age Group: _____

Gender: _____

Tournament Attending: _____

City of Tournament: _____

State of Tournament: _____

Dates of Tournament: _____

Guest Player: _____

By completing this form, you certify you have completed and will bring to your event this MSYSA Approved E-Travel Guest Player Form, MSYSA Medical Release Forms and MSYSA Parent Consent to Travel Forms. **Furthermore, you also understand that MSYSA Insurance does not apply nor is it extended to guest players participating in events other than US Youth Soccer and MSYSA sanctioned events.**

If the player requires a pass-card, a copy of his/her birth certificate and a 1 ¼" x 1 ¼" headshot photo must also be submitted.

Signature: _____

THIS FORM IS INVALID UNLESS THE MSYSA LOGO/STAMP OF APPROVAL APPEARS ON IT.