

SPECIAL REQUEST FORM

Email to specialrequest@ayso803.org

Note: It is guaranteed that the siblings in the SAME age division will be placed on the same team. Please check birthdates and age divisions.

Policy: NO friend, relatives (other than siblings), certain coach, certain practice and game site, or carpooling requests are accepted. If you feel you have an exceptional circumstance, you may submit this form with an **explanation** for review by the division coordinator and/or board.

There is no guarantee this request can be honored.



1. **Child's Name** _____ Birthdate: ____/____/____

Gender: M F Age Division: U _____

2. **Child's Name** _____ Birthdate: ____/____/____

Gender: M F Age Division: U _____

3. **Child's Name** _____ Birthdate: ____/____/____

Gender: M F Age Division: U _____

REQUEST: _____

Explanation (Only for exceptions to policy listed at top of page) _____

(if more space is needed use back of sheet)

Parent Name _____ Parent Name _____

(for 2nd or 3rd child if different parent)

Phone# _____ - _____

Phone# _____ - _____

If your request cannot be honored, do you still wish to have your child play soccer?

Child#1 yes no Child#2 yes no Child#3 yes no

If "no" circled, a refund would be issued prior to the season.