

**CHAMBERSBURG YOUTH
SOCCER ASSOCIATION**

**P. O. BOX 680
CHAMBERSBURG, PA 17201**



GUEST PLAYER FORM

TEAM NAME _____

AGE DIVISION _____

COACH _____

GUEST PLAYERS

1. NAME: _____

ADDRESS _____

CITY/STATE _____

BIRTHDATE _____

2. NAME: _____

ADDRESS _____

CITY/STATE _____

BIRTHDATE _____

3. NAME: _____

ADDRESS _____

CITY/STATE _____

BIRTHDATE _____