



111 Whitehead Lane Suite 200 Monroeville, PA 15146
www.pawest-soccer.org

(412) 856-8011 FAX (412) 412-856-8012
stateoffice@pawest-soccer.org

Permission to Play Form

NAME (print) _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE – Player _____ PHONE _____

SIGNATURE – Parent _____ PHONE _____

PLAYER PERMISSION TO PLAY IN ANOTHER STATE ASSOCIATION

TEAM PERMISSION TO PLAY IN A LEAGUE OUTSIDE STATE BOUNDARIES

TEAM: _____

COACH: _____

LEAGUE: _____

PLAYERS – I AM DECLARING _____ TEASM AS MY PRIMARY
NATIONAL CHAMPIONSHIP SERIES TEAM

PLAYER SIGNATURE: _____ **DATE:** _____

TEAM: _____ WILL PLAY THE NATIONAL
CHAMPIONSHIP SERIES – IN _____ (State) National State Association

APPROVE BY PA WEST SOCCER

OTHER STATE ASSOCIATION APPROVED BY

SIGNATURE _____

STATE ASSOC. _____

SIGNATURE _____

NAME (print) _____

NAME (print) _____

TITLE _____

TITLE _____

DATE _____

DATE _____