

Illinois State Soccer Association

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Affiliated to the United State Soccer Federation

Game Participation Request Form

(must be submitted to the ISSA in conjunction with letter of League approval)

Team Name: _____

Team League: _____

Date of Request: _____

Tournament/Game Date(s): _____

Name of Tournament/Game: _____

Hosting Organization: _____

Contact of Hosting Organization: _____

Address: _____

Tel: _____

Email: _____

League Affiliation (if any): _____

Number of Teams (approx.): _____

Location of Tournament/Games: _____

Team Manager/Secretary: _____

(team requesting permission)

Address: _____

Tel: _____

Email: _____

Signature: _____

I attest that permission has been requested from, and granted by, the league we are affiliated to.

FOR OFFICE USE ONLY

APPROVAL

FOR OFFICE USE ONLY

Fee Paid (if applicable): _____ Signed: _____

Date: _____ Title: _____

In granting permission to participate in a tournament or games, neither the ISSA, USASA nor USSF shall be liable for transportation, lodging or injury to persons or property sustained in the course of the sanctioned event.