



Application for Exhibition Game

Team Name _____

Age Division: Under - _____ Boys Girls

State Youth Association: _____

League / Club: _____

Coach / Manager: _____ Telephone: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zipcode: _____

We hereby request permission to play an Exhibition Game with:

Visiting Team: _____

Hosted by: _____

Date and Location of Game _____

Name of Insurance Carrier: _____

Signature of Club Manager: _____ Date: _____

League / Club Approval: _____ Date: _____

MYSA use only

Date Received: _____ Approval: YES NO

State Youth Association: _____

International Games Committee: _____

United States Youth Soccer Association:

United States Soccer Federation: _____