



Clebune Soccer Association  
Special Request

This form is used to make special requests for the Board of Directors to consider. No special request is guaranteed. All decisions made by the Board of Directors will take into consideration the needs of the association and its registered teams first.

**PLAYER'S INFORMATION**

|                      |                   |   |
|----------------------|-------------------|---|
| Player's Name: _____ | Birth Date: _____ | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
|----------------------|-------------------|---|

**PARENT/GUARDIAN INFORMATION**

|   |                   |                   |
|---|-------------------|-------------------|
| Name: _____   | Home Phone: _____ | Cell Phone: _____ |
| Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian |                   |                   |

**REQUESTED ITEM**

- I am requesting a specific coach. Coach Name: \_\_\_\_\_
- I am requesting to play up more than 1 age group :: Current Age Group: \_\_\_\_\_ Requested Age Group: \_\_\_\_\_
- I am requesting a specific geographic area: \_\_\_\_\_
- I am requesting that my children play on the same team. Team Name: \_\_\_\_\_
- I am requesting that my child be place on the same team as: \_\_\_\_\_
- Other (please explain below)

**Please tell us about your request**

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Signature \_\_\_\_\_ Date \_\_\_\_\_