

Player Substitution Form

Qualifying teams should use all efforts to bring the same team members to the Championship. Each team is allowed only two (2) substitutions from the City Qualifier to the Championship. Substitution request forms must be submitted by the entry deadline prior to the Championship, and must be approved by the Tournament Director. Fax completed forms to 214-353-2626. **Please include player's medical release if under the age of 18. Also, include a copy of their player card or official registered team roster.**

City Qualifier:
Team Name:
Coach/Team Contact:
Email:
Division:
Gender:

Substitution 1

Original Player's Information:
Name: _____
Address: _____
City, State: _____
Zip Code: _____

Substituted Player's Information:
Name: _____
Address: _____
City, State: _____
Zip Code: _____
Age: _____
Birth Date: _____

Signature: _____
(Parent's if Player Under Age of 18)

Reason for Substitution: _____

Substitution 2

Original Player's Information:
Name: _____
Address: _____
City, State: _____
Zip Code: _____

Substituted Player's Information:
Name: _____
Address: _____
City, State: _____
Zip Code: _____
Age: _____
Birth Date: _____

Signature: _____
(Parent's if Player Under Age of 18)

Reason for Substitution: _____

Coach/Manager Signature

Tournament Director Signature