

## Player Substitution Form

Qualifying teams should use all efforts to bring the same team members to the Series Championship. Each team is allowed only two (2) substitutions from the City Qualifying Event to the Series Championship. Substitution request forms must be submitted by the entry deadline prior to the Series Championship, and must be approved by the Tournament Director. Fax completed forms to 972-564-4939. **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.**

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

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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\_\_\_\_\_  
Coach/Manager Signature

\_\_\_\_\_  
Tournament Director Signature