MARKHAM SOCCER CLUB
HOUSE LEAGUE PLAYER REQUEST FORM
INDOOR FALL/WINTER

When registering a player for our Recreational Program, a parent/guardian may request that their child be placed on a team with another child. The below form must be completed and submitted to the MSC office before the deadline.

- Each player may only make one request and it must be reciprocated. Both players' information and parent/guardian signatures must be on the Player Request Form.
- All requests must be made on or before the deadline and both registrations must be paid in full.
- Requests are not guaranteed and are accepted at the discretion of the MSC.
- Player requests that are not granted do not constitute a request for refund. No refunds will be given.

****PLAY TOGETHER REQUEST DEADLINE: OCTOBER 10 - 11:59PM****

Player 1

Name: _____

Year of Birth: _____

*Division: _____

*Division i.e., U7B, U8G, etc.

As the parent of **Player 1**, I would like to request that they be placed on the same team as **Player 2**. I agree to the conditions noted above and understand that this request is not guaranteed. I confirm that the registration for **Player 1 is not dependent** on this request being granted.

_____
PRINT NAME & DATE

_____
SIGNATURE

_____
EMAIL ADDRESS

Player 2

Name: _____

Year of Birth: _____

*Division: _____

*Division i.e., U7B, U8G, etc.

As the parent of **Player 2**, I would like to request that they be placed on the same team as **Player 1**. I agree to the conditions noted above and understand that this request is not guaranteed. I confirm that the registration for **Player 2 is not dependent** on this request being granted.

_____
PRINT NAME & DATE

_____
SIGNATURE

_____
EMAIL ADDRESS