ARIZONA YOUTH SOCCER ASSOCIATION

MEMBER LOAN FORM

Seasonal Yr: _____ to _____

Tournament Name: _____ Effective Dates: ___ / ___ / ___ To ___ / ___ / ___

MEMBER INFORMATION

Member Name: _____ **Member I.D.** | | | | | | | | | | | | | | | |

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

TEAM LOANED FROM

Team Name: _____ Team No. _____

League Name: _____ Club Name: _____

Releasing Team Coach: _____ Date: _____

TEAM LOANED TO

Team Name: _____ Team No. _____

League Name: _____ Club Name: _____

Accepting Team Coach: _____ Date: _____

APPROVAL

State Official: _____ Date: _____

Only if Traveling out of District/State

(AYSA Rev 8/03)