CASA Registration Assistance Request

Date:		• SOCCER ASSOCIATION •
Parent/Guardian Name		
Address:	P	ierre / Ft. Pierre
Home Phone:	Cell Phone:	
Requesting Registration Assistan	ce for the follow player(s):	
Player Name:		
Age:	Date of Birth:	
Division U6 (\$30) / U8-U12 (\$50)	Has this player played CASA soccer be	fore: Yes / No
Player Name:		
Age:	Date of Birth:	
Division U6 (\$30) / U8-U12 (\$50)	Has this player played CASA soccer be	fore: Yes / No
Player Name:		
Age:		
Division U6 (\$30) / U8-U12 (\$50)	Has this player played CASA soccer be	fore: Yes / No
☐ I have requested assistance in the ☐ I will assist my child's team (strongly encouraged per request)	past	Parent Signature
		Turent Signature
Office Area ONLY Board Approved Request:	Denied Request	: :
Total Dollar Amount:		
Registrar Updates ActiveNet:	initial:	
Notes:		
	reserves the right to deny any request.]	