

CASA Registration Assistance Request



Date: _____

Parent/Guardian Name _____

Address: _____ Pierre / Ft. Pierre

Home Phone: _____ Cell Phone: _____

Requesting Registration Assistance for the follow player(s):

Player Name: _____

Age: _____ Date of Birth: _____

Division U6 (\$25) / U8-U19 (\$40) Has this player played CASA soccer before: Yes / No

Player Name: _____

Age: _____ Date of Birth: _____

Division U6 (\$25) / U8-U19 (\$40) Has this player played CASA soccer before: Yes / No

Player Name: _____

Age: _____ Date of Birth: _____

Division U6 (\$25) / U8-U19 (\$40) Has this player played CASA soccer before: Yes / No

Reason for Request: _____

I will assist my child's team _____
(strongly encouraged per request) **Parent Signature**

Office Area ONLY

Board Approved Request: _____ Denied Request: _____

Total Dollar Amount: _____

Registrar Updates ActiveNet: _____ initial: _____

Notes: _____

[The board reserves the right to deny any request.]