DISCOVERY CUP 2023

LOAN PLAYER APPLICATION FORM

This application must be received **no later than October 2nd**. You will be contacted via e-mail if your application is **NOT APPROVED.**

lub/Team Name:	State A	Assn: A	ge Group:
oach/Contact:			
Address:	City:	State:	Zip:
'elephone: ()	E-mail:		
*********	***********	*******	******
1 •	on Official State Roster (ATTACHE	ED):	
2. List names of playe	er not attending tournament:		
			
<u> </u>			
Number of players not attend			
3. Subtotal (subtract	et line 3 from line 1):		
4. List names of lo	an players (maximum of 5):		
4. List names of loc	in players (maximum of 5).		
5. Number of loan	players (maximum of 5)		
6. Number of playe	ers attending tournament (add lines 4	1 & 6)	
o. Indition of playe	as attending tournament (add fines a	F & 0)	
Rosters with Loan Pl	ayers shall not exceed the Maximu	um Roster allotte	ed by Age Group:
	U09 - U10 (7v7) - 14 play	•	
	U11-U12 (9v9) – 16 play		
TT1 / TT10 /1	U13 (11v11) – 18 player		
	1v11) - 22 Players, but only 18 may		

EMAIL COMPLETED FORM TO: director@discoverycup.com