



District Trialist Form

DATE REQUESTED: _____

COACH REQUESTING TRIALIST: _____

CLUB / DISTRICT REQUESTING TRIALIST: _____

CONTACT PHONE NUMBER: _____

TEAM REQUESTING TRIALIST _____

DIV: U-_____

CLUB / DISTRICT _____

REASON FOR REQUEST: _____

NAME OF PLAYER REQUESTED: _____

COACH ACCEPTING/REJECTING TRIALIST: _____

CONTACT PHONE NUMBER/EMAIL ADDRESS: TEAM _____

DIV: U-_____

COMMUNITY _____

_____ (COACHES NAME, PLEASE PRINT)

DATE ACCEPTED: _____

DATE REJECTED: _____

REASON FOR REJECTION: _____

ALL REQUESTS ARE AT THE DISCRETION OF THE PLAYERS HOME COACH AND MUST BE REQUESTED DIRECTLY TO THE HOME COACH (NOT PARENTS) ANY REQUEST COMING FROM ANYONE OTHER THAN THE HOME COACH WILL BE REJECTED.

PARENT APPROVAL SIGNATURE: _____

COACH APPROVAL SIGNATURE: _____

SUBMIT COMPLETED COPY TO CASA OFFICE; admin@centralalberta.soccer