



Fort Saskatchewan Soccer

10013 – 96 Avenue | PO Box 3071 | Fort Saskatchewan | Alberta T8L 2T1
Phone: (780) 998-1835 | Fax: (780) 998-1834

info@fortsasksoccer.ca | www.fortsasksoccer.ca

Player Trialist Request Form

**For more information see Fort Saskatchewan Soccer Policy 2000 – Trialist
Email this form to the supplying coaching team and cc the program director**

Section 1: Filled in by Receiving Team

Date of Request: _____

Name and Division of Receiving Team: _____

Name and Division of Supplying Team: _____

Date, Time and Location of game: _____

Number of players Requested: _____

Player Positions Requested: _____

Characteristics of player requested: _____

Reason for Request: _____

Section 2: Filled in by Supplying Team

Names Parent/Player Contacted: _____

Player 1 Name: _____ Email: _____ Phone #: _____

Player 2 Name: _____ Email: _____ Phone #: _____

Player 3 Name: _____ Email: _____ Phone #: _____

Reason why no Players Were Assigned (If Applicable):
