



FORT ST. JOHN
S O C C E R C L U B

Fort St. John Northern Strikers Tournament/Games Request Form

This form must be completed and submitted by the team manager to fsjsoccer@telus.net.

Requests will not be considered without full completion of this form.

1. Team Information

Age Group: _____

Head Coach Name: _____

Team Manager Name: _____

Team Manager Email: _____

2. Type of Request

☐ Tournament Participation

☐ Friendly Match

☐ Provincials

3. Event Details

Name of Tournament/ Opponent(s): _____

Host Organization: _____

Location (City & Province): _____

Event Dates: _____

Registration Deadline: _____

4. Purpose and Rationale (Required)

Please describe the purpose of this request and how it aligns with the team's developmental goals, competitive level, and seasonal objectives.

5. Technical Alignment Confirmation

- ☐ I confirm that this request has been discussed with the head coach.
- ☐ I acknowledge that tiering, level of play, and team participation are determined by the Technical Director.
- ☐ I understand that parent or team preference does not override technical or board decisions.

6. Financial Considerations

Estimated Cost (if known): \$

- ☐ I acknowledge that no fees will be paid and no registration will be submitted until:
- Board and Technical approval has been granted, and
 - A sufficient number of players have committed financially

7. Player Commitment Confirmation

- ☐ I confirm that this request is not based on informal player availability
- ☐ I acknowledge that the Fort St. John Soccer Club does not delay registration on speculative expressions of interest.

8. Declarations and Acknowledgements

- ☐ I understand that submission of this form does not guarantee approval
- ☐ I acknowledge that only the President or Vice President of the Fort St. John Soccer Club may submit official tournament registrations.
- ☐ I understand that approvals are subject to Board and Technical Director review.

9. Signatures

Team Manager Name: _____

Signature: _____

Date: _____

Head Coach Name: _____

Signature: _____

Date: _____

Fort St. John Soccer Club Use Only

Technical Director Review: ☐ Approved ☐ Not Approved

Comments: _____

Board Review (if required): ☐ Approved ☐ Not Approved

Date: _____

Registration Submitted By: _____

Date Submitted: _____