

## Hollandia Off the Wall Guest Player Approval Form

To have a guest player join your team for the Hollandia Off the Wall Tournament, the following requirements are needed:

- The player must be a division equivalent or lower to the team they are joining.
- The player's full name, date of birth, gender, home club/academy name, home team name, and home team contact information must be provided.
- The name of the team and team contact for the team they will be joining.
- The player **must** be insured by the home governing body.
- Signature of the President of the player's home club/academy

A maximum of three (3) guest players are allowed per team. This form must be submitted to Hollandia by November 22, 2024

Player's Full Name:	Player's Date of Birth:			
		_/		
Gender: Male Female	Day	Month	Year	
Home Club/Academy:	Home Team Name & Division:  Home Team Contact Phone #:			
Home Team Contact Name:				
Name, Age, Gender, & Division of Tourname	nt Team:			
Ex: Hollandia Hoff U15 Girls Division 2				
Is the player insured by the governing body	?	Yes	No	
By signing this form, you are hereby authorizing named team for the Hollandia Off the Wall Tour In addition, you acknowledge that all informatio player is insured by their governing body. Any to will be automatically disqualified the Hollandia O	nament, or n provided eam that is	n the dates is accurate found to be	of December 6-8, 2024 and that the above e dishonest on the form	
Club/Academy President's Name:	Club/	Academy F	President's Signature:	
Date:	Writte	n or PDF si	gnature required	