



# Hollandia Cup Guest Player Approval Form

To have a guest player join your team for the Hollandia Cup 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 five (5) guest players are allowed per team. This form must be emailed to [tournaments@hollandiasoccer.ca](mailto:tournaments@hollandiasoccer.ca) by May 8, 2026

**Player's Full Name:**

\_\_\_\_\_

**Gender:**      Male                  Female

**Player's Date of Birth:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day    Month    Year

**Home Club/Academy:**

\_\_\_\_\_

**Home Team Name & Division:**

\_\_\_\_\_

**Home Team Contact Name:**

\_\_\_\_\_

**Home Team Contact Phone #:**

\_\_\_\_\_

**Name, Age, Gender, & Division of Tournament Team:**

\_\_\_\_\_

Ex: Hollandia Hoff, U15 Girls, Division 1

**Is the player insured by the governing body?**                  Yes                  No

By signing this form, you are hereby authorizing the above-named player to join the above-named team for the Hollandia Cup Tournament, on the dates of May 22-24, 2026. In addition, you acknowledge that all information provided is accurate and that the above player is insured by their governing body. Any team that is found to be dishonest on the form will be automatically disqualified the Hollandia Cup Tournament without refund.

**Club/Academy President's Name:**

\_\_\_\_\_

**Club/Academy President's Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Written or PDF signature required