



Special Request Form 2019

Please email completed form to info@miltonmagic.com or drop off at our office located at 342 Bronte St. South Unit #14 before **March 31, 2019**

Player A Information:

Player Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email address: _____

Player B Information:

Player Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email address: _____

Special request details:

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE NOTE: We will not respond to any requests that have not been reciprocated by the other player - both families must fill out the same Special Request form. Only one friend request per season will be permitted.

A completed form is required for **EACH** soccer session a child is registered for. This form will not carry over from one session to another.

Milton Youth Soccer Club
342 Bronte St. South Unit #14, Milton, ON, L9T 5B7
Phone: 905-875-4072
Email: info@miltonmagic.com