

Official BPA GUEST PLAYER Form

Teams may request up to 2 Guest Players for a weekend if short players.



- **CONTACT YOUR STATE DIRECTOR on Guidelines for your State – Not all states may offer this program.**
 - This form **MUST** be in the State Office and **APPROVED**, 24-48 hours prior to the GUEST PLAYER participating with the new team.
 - If a team is traveling to another State to play, they must follow the GUEST PLAYER guidelines set forth in the State they will be playing in.
 - State Director or representative must receive written or electronic approval from the players **CURRENT COACH**.
 - A player can only be a guest player 4 times per sanction season.
 - **ROSTER for GUEST PLAYER:** The guest player's information must be filled out with all information on an **BPA Official Paper Roster** – attain all required signatures and attach it to this form. This form with the copy of the BPA Official paper roster must be turned in prior to team participation in the tournament.
- Permission granted to photocopy this page.
This form is not valid unless it is completely filled out, including signatures and the team sanction numbers.

(PLEASE PRINT OUT & COMPLETE FORM OR TYPE AND PRINT OUT - NOT VALID IF NOT LEGIBLE)

DATE REQUESTED: _____

Requested for: Tournament Name _____

Tournament Date: _____ **Location:** _____

Requesting Manager's Name: _____

Team Name: _____ **AGE Group:** _____

Sanction # _____ **CLASS:** (select one) GOLD SILVER BRONZE

Reason for Request:

Guest Player's Name: _____ **CLASS Playing:** _____

CURRENT Team Name: _____ **AGE Group:** _____

CURRENT Coach: _____

Team Sanction #: _____

Signature of CURRENT COACH: _____

State Director or representative must receive written or electronic approval from the player's CURRENT COACH. Player's Current Coach may send email indicating approval to dgarbacik@playbpa.com

Date of Signature: ____/____/____ -OR- _____ ATTACHED is Electronic Approval from Current Coach.

This approval is ONLY for the tournament date and location listed above.

APPROVAL Signature of BPA STATE Director: _____ Date: ____/____/____

NOT VALID WITHOUT BPA STATE DIRECTOR'S or REPRESENTATIVES SIGNATURE - DIRECTOR FORWARD TO STATE OFFICE