

Special Request Form

Plano Youth Soccer Competitive

Fall _____ / Spring _____ Date _____

Team Name – _____

Please Circle Boys / Girls Age Group _____

Head Coach _____

Also the Head Coach for (list only Plano Premier League Teams only)

Team Name – _____

Please Circle Boys / Girls Age Group _____

Team Name – _____

Please Circle Boys / Girls Age Group _____

We do not honor SPRING BREAK requests

*All teams (U11-U19) will be required Saturday and/or Sunday games through the Spring Season

School Sports _____ Week night(s) - Tue / Wed / Thur

* Only circle ONE conflicting week night

Beginning Date _____ Ending date _____

School Testing Dates _____

Other Conflicts: _____

If you're a travel team, drives 2 1/2 hours with no traffic,

Will you be staying over night in Plano? Yes No

What will be your earliest start time? 8:00 9:30 11:00

Coach _____ Phone # _____ Email _____

Manager _____ Phone # _____ Email _____