 *Southern Premier Youth Football League*

Participant Assignment Request Form

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| **Name** | | **DOB:** | |
| **Park Name** |  | | |
| **Park Age Group** |  | | |
| **Requested Age Group** |  | |  |
| **Reason for request:** | | | |
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**Approval Status**

**Approved Unapproved**

Any unapproved request will result in team disqualification at competition and/or participant will not be allowed to compete at the SPYFL Cheerleader competition.

The approved request will be allowed to participant at any and all assigned cheer squad level activities and competition.

This letter serves as official notification to the SPYFL Office and the Cheer and Football Program that this assignment has been reviewed and approved by the SYPFL Cheer Coordinator.

Parent Sign off & Date:

SPYFL Cheer Officer Signature: