



**UNITED STATES ASSOCIATION
of INDOOR WHEELCHAIR SOCCER**

*IWS FORM - E
PLAYERS
ELIGIBILITY
OUT OF TOWN*

FORM E – OUT OF TOWN PLAYERS

PLAYER ELIGIBILITY ROSTER: Due Date: **90 days prior to tournament**

For an out of town player, mail this form completed to player for signature. Player should forward to USA-IWS

NAME: _____

HEAD COACH: _____

ADDRESS: _____

BEST PHONE: _____ FAX: _____

E-MAIL: _____ MOBILE _____

PLAYER	DISAB	CLASS	PLAYER'S SIGNATURE	OFFICIAL APPROVAL

PLEASE send via mail or fax this form with **ORIGINAL SIGNATURES** TO:

Bill Lardi, Interim Commissioner, bladianddee@verizon.net
UNITED STATE ASSOCIATION of INDOOR WHEELCHAIR SOCCER
1398 Penataquit Ave., Bayshore, NY 11706, Web site: www.usaiws.org

Any new player to IWS, please submit a brief sports history including sports played and class.

Cut along line



**UNITED STATES ASSOCIATION
of INDOOR WHEELCHAIR SOCCER**

*IWS FORM - E
PLAYERS ELIGIBILITY
INDEPENDENT PLAYERS*

FORM E – INDEPENDENT PLAYERS

PLAYER ELIGIBILITY ROSTER: Due Date: **90 days prior to tournament**

For Independent Players complete this form sign and forward to USA-IWS

NAME: _____

ADDRESS: _____

BEST PHONE: _____ FAX: _____

E-MAIL: _____ MOBILE _____

PLAYER	DISAB	CLASS	PLAYER'S SIGNATURE	OFFICIAL APPROVAL

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