INNISFAIL MINOR SOCCER ASSOCIATION

PLACEMENT REQUEST

Date: _____

Participant: _____ Date of Birth: _____ Month/Day/Year

IMSA Recommended Program: _____

Program Requested: _____

Reason for Request: _____

All Placement Requests must be presented to IMSA with registration and will be evaluated on an individual basis. Parents will be notified of the Board's decision prior to the start of the season.

THE REGISTRATION FEE REQUIRED IS THE GREATER OF THE TWO PROGRAMS.

_____ _____

Signature of Parent/Guardian Print Name of Parent/Guardian

_____ _____

Approval Signature Print Name of Approval Signature and IMSA position