



Grand Terrace Community Soccer Club

Drop Prior to the Draft

Date of Drop: \_\_\_\_\_

Team: \_\_\_\_\_

Age Group: \_\_\_\_\_ Coed /Girls

Name of Player: \_\_\_\_\_

The person filling this form out is a: Parent / Player / Other \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_