



Player Pick Up Request Form

Team: _____

Date of Game: _____

Submitted By: _____

Player(s) Missing:

1) _____ Rating: _____

2) _____ Rating: _____

3) _____ Rating: _____

Requested Pickup Player(s):

1) _____ Rating: _____

2) _____ Rating: _____

3) _____ Rating: _____

May submit to CarolinaPiedmontsl@gmail.com or may give to any Board Member

Form must be submitted no later than 24 hours prior to game time.

Pick Up player must conform to Rules of Play, Section 14.

Manager Signature

Board Member Signature