

**FC Carolina Alliance
Member Request**

Date: _____

Player Name: _____

Age Group: _____

Team: _____

Coach: _____

Below, please state your request and your reason for this request. Please give as much detail as you can so that we can review for decision by members of the Board of Directors.

***** Please keep in mind if your request involves a refund; please refer to our Financial Policy which can be found on www.fccasoccer.com***

Upon completion please email to soccer@fccasoccer.com

