



ODP Recommendation Form

This form must be submitted before a player who has missed the open tryouts may be considered for participation in the Vermont ODP process. This player may be invited for a tryout, though this does not guarantee a position beyond that tryout.

By submitting this form, you are stating that you believe the player you're recommending is a Vermont ODP pool team level player and that you strongly recommend that he/she be permitted to participate in the Vermont ODP process.

This form must be filled out by someone who has recently coached this player. Any recommendation filled out by a relative (parent, aunt/uncle, or sibling) of the player will not be considered, regardless of whether he/she has been coached by the player in the past.

Please mail to: Vermont Soccer Association – ODP
25 Omega Drive, Suite 220
Williston, VT 05495

Player's Name: _____ **Birth Date** _____

Player's Street Address _____

Player's City/Zip _____

Home Phone: _____

Player's Email Address: _____

Parent/Guardian Names: _____

Reason for missing Tryouts: _____

Has Player participated in VT ODP previously? Yes ____ No ____

Player's Club Team/Age Group: _____

Coach Name: _____

Club Affiliation: _____

Coach Phone Number: _____

Coach Email Address: _____

Submission Date: _____

Comments: Use back of form if needed

