

Adult Soccer Registration Form

New Player
\$35



Coach

NOMBRE _____ **APELLIDO** _____
FIRST NAME **LAST NAME**

TELEFONO _____ **FECHA DE NACIMIENTO** _____
PHONE NUMBER **DATE OF BIRTH**

E-MAIL: _____

DIRECCION _____ **CIUDAD** _____
ADDRESS **CITY**

ESTADO _____ **CODIGO POSTAL** _____
STATE **ZIP**

NOMBRE DE EQUIPO _____ **DIV.** _____ **RASL#** _____
TEAM NAME

FIRMA DEL JUGADOR _____ **FECHA** _____
PLAYER SIGNATURE **DATE**

Remove player from roster

Coach signature _____

(Required to remove player from roster)

AMOUNT _____ CASH _____ CHECK _____
STAFF INITALS _____ DATE _____
CARD PRINTED BY _____ CARD ISSUED DATE _____
RECEIPT # _____



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