



Bensenville Sports
CONFERENCE

In-House 2023 Fall SOCCER REGISTRATION FORM

CHILD & PARENT INFORMATION:

CHILD NAME: _____ D.O. B: ____/____/____

AGE: _____ GRADE: _____

PARENT/GUARDIAN NAMES: _____

(Circle BEST phone number)

HOME PHONE: (____) ____-____ CELL PHONE 1: (____) ____-____

CELL PHONE 2: (____) ____-____

E-MAIL _____

(*this is used to relay important team information):

JERSEY SIZE: (Please circle one)

Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M Adult Large

SOCKS SIZE: (Please circle one)

Youth Regular King

***Teams will be formed by the athletic Supervisor**

Player or Coach Requests: _____

VOLUNTEER COACHES NEEDED!

(Please check one)

_____ **Yes, I would like to be a volunteer head coach.**

_____ **Yes, I would like to be a volunteer assistant coach.**

_____ **Yes, I have a relative who would like to be a coach. Contact info below.**

_____ **No, I am not available to coach.**

Name: _____ **Phone:** _____

Email: _____