

2023 FALL INTERVILLAGE SOCCER REGISTRATION FORM

CHILD & PARENT INFORMAT	ION:				
CHILD NAME:			D.O. B:		
AGE: GRAD	E:				
PARENT/GUARDIAN NAMES:					
(Circle BEST phone number)					
, ,		CELL I		\	
HOME PHONE: ()	-		PHONE 1: (_		
			PHONE 2:(_)	
E-MAIL	information)				 ,
(*this is used to relay important team	information):				
JERSEY SIZE: (Please circle of	ne)				
Youth XS Youth S Youth M	Youth L	Youth XL	Adult S	Adult M	Adult Large
SOCKS SIZE: (Please circle or	ne)				
Youth Regular	King				
*Teams will be formed by the at	hletic Supe	rvisor			
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.					
No, I am not availa					
Name:Phone:					
Email:					