

WORKSHEET - FILL OUT COMPLETELY

LEAGUE: Capital District Youth Soccer Leagu CLUB: **SARATOGA YOUTH SOCCER CLUB** TEAM NAME:

COACH: ADDRESS: PHONE #:

ASST. COACH: ADDRESS: PHONE #:

ASST. COACH: ADDRESS: PHONE #:

MANAGER ADDRESS: PHONE #:

	FEE AMOUNT	LAST NAME	FIRST NAME	SN	ADDRESS	ZIP	PHONE#	D/O/B	S
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THIS FORM MUST BE TURNED IN WITH ALL NEW REGISTRATION REQUESTS.

PLEASE CHECK IT FOR ACCURACY.