2015 STATE SUMMER GAMES FOOTBALL (SOCCER) REGISTRATION FORM

Please Print Clearly:					
Agency Number:	Agency Name:				
Head Coach:		Cell Phone: ()			
RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!					
Team Name: _					

Each team must have a unique name up to 15 characters long. This name will be used at all

competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team; i.e. loss or addition of key players from last year, etc.