



WOODLAND SOCCER CLUB

2015 REGISTRATION INFORMATION

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE #: _____ EMAIL: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

INTERESTED IN COACHING? YES _____ NO: _____

PLAYING LEVEL REQUESTED:

RECREATIONAL: _____ COMPETITIVE: _____

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CLUB USE / VERIFICATION

AGE GROUP: U- _____ BOYS: _____ GIRLS: _____

REC: _____ COMP: _____