

# FINLEYVILLE AREA SOCCER ASSOCIATION

## REGISTRATION FORM – SPRING 2010 SEASON

**\* \* \* RETURN BY January 31, 2010 \* \* \***

RETURN TO: FINLEYVILLE SOCCER ASSOCIATION, P.O. BOX 232, FINLEYVILLE, PA 15332

REGISTRATION FORMS RECEIVED BY THE REGISTRAR AFTER JANUARY 31<sup>ST</sup> ARE CONTINGENT ON THE AVAILABILITY OF OPENINGS

LEAGUE PREFERENCE (Check one)		REGISTRATION FEE	REGISTRATION FEE
In-House League (WASHINGTON CO. PLAYER)	REGISTRATION FEE	Traveling League (PA West PLAYER)	REGISTRATION FEE
<input type="checkbox"/> U6 Coed **	\$40	<input type="checkbox"/> U11 Coed Travel	\$65
<input type="checkbox"/> U8 Coed	\$40	<input type="checkbox"/> U11 Girls Travel	\$65
<input type="checkbox"/> U10 Coed	\$40	<input type="checkbox"/> U12 Coed Travel	\$65
<input type="checkbox"/> U10 Girls	\$40	<input type="checkbox"/> U12 Girls Travel	\$65
<input type="checkbox"/> U10 Coed Travel	\$65	<input type="checkbox"/> U14 Coed Travel	\$65
<input type="checkbox"/> U10 Girls Travel	\$65	<input type="checkbox"/> U14 Girls Travel	\$65

\*\*MUST BE 4 YEARS OLD BEFORE 7/31/09

### MANDATORY INFORMATION (PLEASE PRINT)

LAST NAME	FIRST NAME	INT.	DATE OF BIRTH	Sex
ADDRESS	CITY	STATE	ZIP CODE	
FATHER'S NAME	HOME PHONE			
MOTHER'S NAME	EMAIL ADDRESS			
PERSON TO BE NOTIFIED IN EMERGENCY	TELEPHONE			
LIST ANY MEDICAL PROBLEMS OR PROHIBITION PLAYER HAS OR ANY OTHER CONDITION THE COACH SHOULD KNOW ABOUT				
LAST TEAM PLAYED FOR (EXAMPLE U12 GIRLS)	SCHOOL			GRADE

UNIFORM ORDER (Prepaid)	Youth				Adult			Price
	YS	YM	YL	AS	AM	AL		
Jersey – (Required)							\$ 15.00	
Nylon Shorts – (Optional)							\$ 13.00	
Socks – Optional							\$ 5.00	
Jacket (Youth \$36 / Adult \$39 / XL \$42)								

**New Players:** A copy of birth certificate must be included with all **new** registrations.

**Players on PA West Travel Teams:** Need a copy of birth certificate and current school photograph.

Volunteers are needed for:	Other areas in need of volunteers
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Coach (Depending on Openings)
<input type="checkbox"/> Referee	<input type="checkbox"/> Assistant Coach
<input type="checkbox"/> Concession	<input type="checkbox"/> Field Maintenance

VOLUNTEER'S NAME: \_\_\_\_\_

Coach Preference (If Any): \_\_\_\_\_

Suggestions/Comments: \_\_\_\_\_

League Use Only	
_____	Check Number
_____	Amount Reg.
_____	Amount Uniform
_____	Date Received
_____	Multiple