



Michigan State Youth Soccer Association Team Registration Form



Fall 20 ____

(Please Type This Form)

Spring 20 ____

DISTRICT North - Central **LEAGUE** Mid - Michigan **TEAM NAME** _____ **AGE GROUP** _____ **Boys Girls Coed**
(Circle One)

Field Address _____ Field Name _____

Coach _____ Assistant _____ Asst/Mgr _____

Address _____ Address _____ Address _____

City/Zip _____ City/Zip _____ City/Zip _____

Phone _____ Phone _____ Phone _____

Colors: Jersey _____ Shorts _____ Socks _____ Alt. Jersey _____

Coach E-mail _____ Team Contact E-mail _____

U-9 and U-10 Age Divisions are Limited to 11 Players, U-11 and U-12 are limited to 14 Players (Click above lines or in boxes to type this form on line)

Name	Phone	Date Of Birth	Address	City	Zip
1					
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