Tantasqua Regional Youth Soccer League, Ltd. www.tantasquasoccer.com

Please Print Clearl	.y				
Player Name:			DOB:	DOB:	
Mailing Address:			Town:		
Home Phone:			Zip:		
Home Address:			Town:		
Cell/work Phone:			Zip:		
Parent/Guardian en	mail:		Male:	Female:	
Played soccer befo	ore? Appro	oximate number of years:	Shirt Size:		
COACH:	ASST COACH:	NAME:			
REFEREE:	-	NAME:			
	<u>nent:</u> Team Jersey, lee division <u>only</u> ma	shinguards, athletic shorts (no pay use sneakers.)	oants), stockings	, soccer cleats or	
		f any kind, baseball/football cleo ers, snaps and other items deem			
	this calendar year.	east five (5) years of age and n		•	
Players will be as exceptions. All tea		iate soccer division based on T	RY Soccer age	guidelines. No	
Please Print Parent/Guardian na	ame:				
Signature Parent/Guardian na	ame:		D	Oate:	
League use only:		Player's age December 31, 2016			
[5 & 6 yr. olds - Pee V	Wee Division] [7 & 8 –	Bantam] [9 & 10 Freshmen] [11 & 1	2 Sophomore] [13	thru 18 Jr./Sr.]	
Age:	Division:	Team:			
Check #	Amount	Cash			