DALLAS TEXANS SAN ANTONIO WEST SOCCER CLUB REGISTRATION FORM

Player's First Name:_____ Last Name:_____

Player's Birth date:(m)_____(d)_____(y)_____ Current Age:_____ New or Returning?

Prior Team/Club:_____ Gender: Male or Female?

Attending on (circle all that apply):

U11	Boys	May	3	5	6:00-7:30pm
	Girls	May	7	10	6:00-7:30pm
U12 - 14 Boys		June - 2, 4, 7, 9			6:00-7:30 pm
U15 - 18 Boys		June - 2, 4, 7, 9			7:30- 9:00pm
U12 - 14 Girls		June - 1, 2, 8			6:00-7:30 pm
U15 - 18 Girls		June - 1, 2, 8			7:30- 9:00pm

Primary Contact Information for Player (Parents or Guardians)

First Name:_____ Last Name:_____

First Name:_____ Last Name:_____

Street Address:_____

City/State/Zip:_____

Phone Number: (h)_____ (c)_____

Email Address:_____

Complete form and bring to try outs or complete form and e-mail it to dtsawest@gmail.com

Club Use Only:	Age Group: U-____ Boys ___'s	U-____ Girls ___'s