

Soccer Crazy
8440 Tanner Bridge Rd.
Jefferson City, MO 65101

Team Registration Form
Please print clearly

Team Level: Beginner/Intermediate Advanced/Competitive

Team Name: _____

Coach's Name: _____ Team Manager: _____

Contact Number: _____ Cell Phone: _____

Email address: _____ (Used for communications)

Team Roster

	Player Name	Home Phone	Date of Birth	Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Send this application and all completed Individual Registration forms along with a check(s) for league fees (\$65 per player) made payable to Soccer Crazy to the address shown above.

FOR OFFICE USE ONLY

Fees Paid: YES NO

Date: _____ Check Number: _____