



FLORIDA
YOUTH
SOCCER
ASSOCIATION

TEAM REGISTRATION FORM

SEASONAL YEAR: ____ / ____

AGE: ____ BOYS: GIRLS:

<u>TEAM CODE</u>
____ - ____ - ____ - ____

TO BE COMPLETED BY THE DISTRICT COMMISSIONER

	PLAYER'S NAME	PASS #	D.O.B.	DC REG. DATE	DUAL REGISTERED		RELEASED		TRANSFER	
					FROM	TO	DATE	TO	FROM	DATE
1										
2										
3										
4										
5										
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21										
22										

COACHES

1) _____

2) _____

3) _____

4) _____

(THIS FORM IS NOT TO BE USED FOR LEAGUE OR TOURNAMENT PLAY)