

**Weston Soccer Foreign Born Players age 11 or younger,
or 17 or older
Proof of Entry prior to age 12**



**U.S. Soccer Federation
Proof of Entry Prior to 12 Years of Age
Submission Form**

MALE
FEMALE

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name _____ First Name _____ Middle Initial _____

Mother's Maiden Name _____ First Name _____ Middle Initial _____

Father's Last Name _____ First Name _____ Middle Initial _____

Current United States Address _____ City _____ State _____ Zip _____

E-mail Address _____ Home Phone Number () - () -
Mobile Phone Number

Date of Birth (mm/dd/yyyy) _____

Place of Birth (City & State) _____ Country _____ Citizenship _____

B. SUBMISSION INFORMATION (Must be completed)

Type of Documentation Provided _____

Club Wishing to Participate With _____ League/State Association _____

Send to:
Weston Soccer Club, Inc.
PO Box 1281
Weston CT 06883
or
contact Sally Korsh – s2k2@optonline.net, 203-221-9040