

METRO P.A.L. YOUTH SOCCER LEAGUE

DISTRICT NUMBER

TEAM #

TEAM NAME

CHOOSE ONE							
DIVISION (AGE GROUP)							
6	8	10	12	14	16	17	19

COACH	PHONE	ADDRESS	ZIP
ASST COACH			
TEAM PARENT			

CHECK ONE		
ORIGINAL		
ADD		
DROP		

ETHNIC KEY	
Caucasian	
Hispanic	
African American	
Asian	
Native American	
Other	

CHOOSE ONE		
M	F	CO-ED

I, THE TEAM COACH, ASSUME RESPONSIBILITY FOR VERIFICATION OF BIRTHDATES SHOWN BELOW ON TEAM ROSTER COACH _____ DATE _____

#	NAME ALPHABETICAL ORDER BY LAST NAME	UNIFORM #	PAL REG	BIRTH DATE	AGE AS OF 12-31	ADDRESS	CITY	ZIP	ETHNIC BKGRND	PHONE#
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

COMMISSIONER _____ DATE _____ REGISTRAR _____

THIS FORM MUST BE TYPED OR PRINTED. NOT VALID UNLESS FULLY COMPLETED. ANY ADDS OR DROPS MUST BE RECORDED ON SEPARATE FORM

copies: 1 - league
1 - coach
1 - district