2012 STATE SUMMER GAMES
FOOTBALL (SOCCER) REGISTRATION FORM

Please Print Clearly:

Agency Number:_____ Agency Name: _____

Head Coach: _____

Street:_____ City: _____ Zip _____

Fax: (____) _____ E-mail: _____

Phone W: (____) _____ Phone H: (____) _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name up to **15 characters long**. This name will be used at all competitions.

CHECK ALL ITEMS:

☐ New Team ☐ Existing Team

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	FSAT SCORE	TOP 7 [X]
1.				☐
2.				☐
3.				☐
4.				☐
5.				☐
6.				☐
7.				☐
8.				☐
9.				☐
10.				☐

(OVER)

2012 STATE TEAM FOOTBALL (SOCCER)

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name up to **15 characters long**. This name will be used at all competitions.

Please list all of the teams you have played:

	AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME (BE SPECIFIC)	DATE OF GAME	YOUR SCORE	THEIR SCORE
1.					
2.					
3.					
4.					
DISTRICT COMPETITION					
1.					
2.					

You must have at least two documented games plus district competition upon registration for State games. List additional games below.

_____

_____

_____

_____

TEAM EVALUATION COMMENTS:

Briefly provide input on the ability of your team; i.e. loss or addition of key players from last year, etc.

_____

_____

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