2009-2010 Season

Player Information Form

Age Group: _____

Uniform Size: YS YM YL YXL AS AM AL AXL AXXL

PLEASE FILL OUT COMPLETELY.

Player Name: _____

Last First Initial

Parent/Guardian:_____

Telephone:_____ _____ _____

Home Work Cell

Email address*: _____@_____

**Required by the club in order for you to receive important notifications, up-to-date club news.*

Volunteers ***are the heart of the Jensen Beach Soccer Club!*** *Your volunteer spirit is essential to a successful*

◊ Coach

◊ Asst. Coach

◊ Team Manager

◊ Concession Stand

◊ Assist a board member:_____

COMMUNITIY GENEROSITY HELPS BUILD OUR CLUB!

Consider becoming a *club or team sponsor*. Please provide your contact information below and the JBSC sponsorship coordinator will contact you:

_____

Business Name Contact Person Phone

Office Use Only:

Date:_____

Total Fees: $_____ Cash or Check #_____ Scholarship: Y or N

Sponsorship/Donation Amount: $_____ Check #_____

Comments: _____

_____