

Mason City Soccer Club Registration Form



Season: _____

Select one: RETURNING NEW PLAYER

Check box if interested in Financial assistance

PLAYER INFORMATION: - PLEASE PRINT CLEARLY

Player Name (First, Middle initial, Last):

_____ Jersey # (returning only) _____

Birthdate: ____ / ____ / ____ Team: U ____ Grade in Fall: _____

Please check box if your personal details **HAVE CHANGED** since last season.

Player Address: _____

Home Phone: _____

Guardian (1): _____

Cell #: _____ Email: _____

Address: _____ Zip: _____

Guardian (2): _____

Cell #: _____ Email: _____

Address: _____ Zip: _____