

CHURCH PARTICIPATION REGISTRATION

**SoFlo Soccer Registration Form**

**Details of person to whom correspondence should be sent.**

**Name:                           Name of Church Group**:

**Address:** **Zip code:**

**E-mail:**  **Pastor or AYS Leader Phone Number:**

**Pastor or AYS Leaders signature:**

|  |  |
| --- | --- |
| Player Name | Player D.O.B |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |