



**MAYFIELD
SOCCER**

www.mayfieldsoccer.com

MAYFIELD TRAVEL SOCCER TEAMS TRY-OUT CHECKLIST

Fall Season "08" & Spring Season "09"

Leave this section blank until registration

Team: U- _____	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
Coach _____		
Try-out # _____		

Fill in the following information prior to registration

Childs Name: _____	
Parents Name(s): _____	
Primary Address: _____	City _____
Phone Number: Home _____	
E-Mail Address (s): _____	
School Grade Level Next Fall: _____	
Played last year:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Registration Materials Checklist</u>	
Picture _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Certificate _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Season Fee @ \$175.00 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Form _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commitment Letter _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Uniform _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Uniform Size: Jersey _____	YM YL AS AM AL AXL
New Uniform Size: Short _____	YM YL AS AM AL AXL
Uniform # _____	For Returning Players Only