



2011/12 TEAM TRYOUT REGISTRATION FORM

AGE GROUP for *NEXT SEASON* : _____ **Boys** _____ **Girls**

____ U11 (8/1/00 thru 7/31/01) ____ U12 (8/1/99 thru 7/31/00) ____ U13 (8/1/98 thru 7/31/99)

____ U14 (8/1/97 thru 7/31/98) ____ U15 (8/1/96 thru 7/31/97) ____ U16 (8/1/95 thru 7/31/96)

____ U17 (8/1/94 thru 7/31/95) ____ U18 (8/1/93 thru 7/31/94)

PLAYER NAME _____ BIRTH DATE _____

ADDRESS _____ CITY _____

ZIP _____ PHONE _____

E-MAIL _____

PARENT (S) NAME _____

SCHOOL DISTRICT ATTENDING _____

CURRENT SOCCER CLUB _____ LANCO United _____

PRIMARY POSITION _____ SECONDARY _____

Will you be participating in a PIAA sport during the club season? Check: YES _____ NO _____

IF YES, WHAT SPORT (S) _____

REGISTRATION INSTRUCTIONS: Please bring this completed form along with a registration fee of \$20 to tryouts. Checks made payable to "LANCO United."

If you have any questions please contact Dave Ammon: lancouniteddoc@gmail.com

-----**Do not write below this line**-----

SHIRT COLOR _____ SHIRT NUMBER _____ PAID? YES NO

DATE(S) OF TRYOUT ATTENDED _____ / _____

