



## 2010 - 2011 TRAVEL TEAM REGISTRATION

### Player Information:

*Please Print or Type*

Last Name _____		First Name _____	
Date of Birth ____ - ____ - ____		Gender	M / F
Age on 7-31-08 _____			
Age Applying For U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19 U20 A			
Coaches Full Name _____			
Team Name _____			

### Parent or Guardian Information:

Last Name _____		First Name _____	
Address _____			
City _____		State _____	Zip Code _____
Phone (H) ____ - ____ - ____		Relationship _____	
Email _____		Occupation _____	

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Fee: Team U8-U14

1<sup>st</sup> child \$150

2<sup>nd</sup> child \$125

3<sup>rd</sup> child \$100

Additional-No Charge

#### Team U15-Adult

\$120 per player

Please make checks payable to *Philadelphia Soccer Club*. Please **DO NOT STAPLE** the check to this form !!!!!

### PSC Use Only

Check # _____	Amt Rec'd _____
Received by: _____	Date: _____
Comments: _____	