

Northeastern Ohio Amateur Soccer Association

League: Open Woman Open Men M30+ M40+ W30+ W40+ Season: Spring Fall Division: I II III

CLUB NAME: _____ CODE: _____ YEAR: _____ JERSEY COLOR: _____

TEAM NAME: _____ COACH'S NAME: _____

COACH'S ADDRESS: _____ CITY: _____ ZIP: _____

COACH'S PHONE: _____ HOME FIELD: _____ ALTERNATE FIELD: _____

Registrar Stamp

DATE: _____ REGISTRAR: _____

NO.	LAST, FIRST NAME	ADDRESS	CITY	ZIP	BIRTHDATE	Social Security #	SEX	FALL	SPRING
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