



Traverse Bay Area Youth Soccer

Traverse Bay Area Youth Soccer (TBAYS)

2007-08 REGISTRATION FORM

(Non-Traverse City Teams)

Player Information

Last Name _____ First Name _____

Date of Birth: _____ Address: _____
Month Day Year Number Street

Phone: (_____) _____
Area Number City Zip

Sex: _____

Are you a goalkeeper? Yes (full time) _____ Yes (sometimes) _____ No _____

In which seasons do you plan to participate? Fall _____ Spring _____ Both _____

Parent/Legal Guardian Information

First Name Last Name

(_____) _____
Work Phone Number Alternate email address

Return to: Your Local Registrar

Include with your registration: Birth certificate photocopy _____ Registration Fee \$10.00 per coach _____

Medical release (available at www.tbays.org) _____ Registration Fee \$35.00 per player _____
