



2007-2008 - Tryout Registration Form
VARDAR - MISSOURI

Tryout # _____

First Name _____ Last Name _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Player E-Mail _____ Parent E-Mail _____

Date of Birth (mm/dd/yy) _____ Check Boy Girl

Please check the appropriate age group for 2007/2008 seasons:

- | | |
|--------------------------|--------------------------|
| U8 [] 8/1/99 – 7/31/00 | U14 [] 8/1/93 – 7/31/94 |
| U9 [] 8/1/98 – 7/31/99 | U15 [] 8/1/92 – 7/31/93 |
| U10 [] 8/1/97 – 7/31/98 | U16 [] 8/1/91 – 7/31/92 |
| U11 [] 8/1/96 – 7/31/97 | U17 [] 8/1/90 – 7/31/91 |
| U12 [] 8/1/95 – 7/31/96 | U18 [] 8/1/89 – 7/31/90 |
| U13 [] 8/1/94 – 7/31/95 | U19 [] 8/1/88 – 7/31/89 |

For U14 players, do you plan to play high school soccer? Yes or No (circle one)

Siblings that are currently trying out for a Vardar team:

Name: _____ Age: U _____

Name: _____ Age: U _____

On what team/age group did you play last year? _____ Age _____

How did you hear about the Vardar Tryouts? [] Flyer [] Missouri Soccer [] Website

[] Word of Mouth [] Local New [] Other _____

****Parent Must Sign Reverse Page****



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Father

First Name _____ Last Name _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-Mail _____ Occupation _____

Mother

First Name _____ Last Name _____

Street Address _____

City _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-Mail _____ Occupation _____

_____ has my permission to tryout for the Vardar Missouri.
PRINT PLAYERS NAME

PARENT/GUARDIAN SIGNATURE

DATE