Club Use Only [ ] **Returning GSC Player** [ ] **New Player** | Age Group U-_____ Birth Certificate provided? Yes or No | [ ] Boy [ ] Girl

Greenhaven Soccer Club

P. O. BOX 22790, Sacramento, CA 95822-0790
(Affiliated with SYSL, USYSA, USSF, US Club Soccer, FIFA (not affiliated with indoor soccer)

www.greenhavensoccer.com registrar@greenhavensoccer.com

2011 MEMBERSHIP APPLICATION FORM

Player's Name_____ | _____| _____ **PLEASE PRINT CLEARLY** Boy ☐ Girl ☐
Last First Middle Initial

Address_____ | City_____ | Zip_____

Phone Number_____ Birth Date ____/____/____ **AGE ON JULY 31 OF THIS YEAR**_____

Contact #1 _____Phone_____| | _____
Last First Home (If Different) Work

Address (if different) _____ _____

Contact #2 _____Phone_____| | _____
Last First Home (If Different) Work

Contact #3 _____Phone_____| | _____
Last First Home (If Different) Work

Address (if different) _____

E-Mail(s):_____

Does the player wish to return to last year's team?

- If ***YES***, state last year's Team Name: _____
- Coach's Name: _____
- Age Group: U-_____ Boys_☐_ or Girls _☐_
- In order to remain on the same team, will your child have to play up? (Child will play above their age group) Yes _☐___ No _☐___
- If ***NO***, state player's:
  Years soccer experience:____ Last year played:____ Team/Club Name_____

Requests will be **CONSIDERED** at the coaches' team selection (draft) meeting. A majority of the coaches in the age group **MUST AGREE** to allow the special request.

Player's Request (below):

_____

For Club Use Only
Registered by: _____ Date_____ Head Coach copy
GHSC Comment: _____

Club Use Only [ ] **Returning GSC Player** Age Group U-_____ [ ] Boy
[ ] **New Player** Birth Certificate provided? Yes or No [ ] Girl

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Last First Home (If Different) Work

Address (if different) _____ _____

Contact #2 _____Phone_____| | _____
Last First Home (If Different) Work

Contact #3 _____Phone_____| | _____
Last First Home (If Different) Work

Address (if different) _____

E-Mail(s):_____

Volunteer Coordinator Stamp (here)

(FOR CLUB USE ONLY) ***REGISTRATION FEES***

U6

Player(s) _____ x $65 = $ _____

U8 - U10 (***No*** Referee Fees included)

Players: _____ x $90 = $ _____

U12, U14, U16, U19 **(Referee Fees Included)//**

Player(s) _____ x $105 = $ _____

LATE Fee per Player: # ____ x $30 = $ _____

For siblings, list names below:
Sibling #1: _____ Sibling #2: _____ Sibling #3_____

TOTAL AMOUNT: $_____ <MINUS> E-coupon Value: $_____(if applicable)

TOTAL PAYMENT: $_____ ( ) CASH ( ) CHECK NO. _____

Registered by: _____ Date_____ ***Registrar Copy***