

TEAM PACKET ORDER/PLAYER REGISTRATION FORM
SOCCER ASSOCIATION FOR YOUTH
 One North Commerce Park Drive, Suite 306-320
 Cincinnati, OH 45215
 800-233-7291 513-769-3800 Fax: 513-769-0500
 www.saysoccer.org

***SEND 2 WEEKS PRIOR TO PRACTICE BEGINNING**



INSTRUCTIONS ON THE BACK

SAYAREA _____ DISTRICT _____

SHIP TEAM PACKETS TO:

NAME _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ Please Check one: Business__ Residence__

PHONE NUMBER: (HOME) (____) _____ (WORK) (____) _____ E-MAIL _____

APPROXIMATE DATE OF FIRST GAME _____ Primary Season (circle one) Spring Fall

PACKET ORDER

CURRENT SEASON PLAYER COUNT

PREVIOUSLY REGISTERED PLAYER IN CURRENT YEAR

NEW* PLAYERS

_____ TOTAL TEAMS _____ TOTAL REGULAR PLAYERS _____ LESS SECOND SEASON PLAYERS = _____
(Players previously registered in a winter/spring season)

_____ TOTAL TEAM PACKETS _____ TOTAL NUMBER OF PLAYERS

SIGNATURE _____

NEW* REGULAR PLAYERS x \$9.00 = _____

*new player denotes first time registered with SAY this calendar year.

CHECK ENCLOSED FOR \$ _____

Payment must be included. PLEASE ALLOW TWO WEEKS FOR DELIVERY NO PHONE ORDERS