

**CHARLOTTE SOCCER ACADEMY
2009 TRYOUT REGISTRATION**



CSA Use Only:

Age Group: _____ B G

Check # _____ Cash

Tshirt # _____

Player Information			
Goes by		Date of Birth	
First Name (on Birth Certificate)		Gender	Boys Girls
Middle Initial		Most recent club team	
Last Name		Most recent school team	

Contact Info			
Best phone		This will be the number the Coach/DOC will call.	
Primary email adress:			
Parent/Guardian #1		Parent/Guardian #2	
Name		Name	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Relationship to Player		Relationship to Player	

**TRYOUT REGISTRATION FEE IS \$30
CHECKS PAYABLE TO CSA.**