



Euro Soccer Club

5030 North Elmwood Avenue Niles Illinois 60714

PLAYER REGISTRATION FORM

New Player

-- circle one --

Returning Player

Player's First Name: _____ Middle Initial: _____

Player's Last Name: _____

Player's Address: Street Number and Name: _____

City: _____ Zip Code: _____

Home Phone: _____

Player's Cell No.: _____ Player's email: _____

Player's Birth date: ____ / ____ / ____ Male or Female (circle one)

Father's Information

Mother's Information

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____