



LEAGUE/TOURNAMENT REGISTRATION

www.soccertennis.org

E-Mail: info@soccertennis.org

TEAM NAME _____

U-10 U-11 U-12 U-13 U-14 U-15 U-16 U-17 U-18 COED ADULT-W ADULT-M

Age is determined by calendar year.

1. _____/_____/_____/_____/_____/_____/_____/_____

CAPTAIN

2. _____/_____/_____/_____/_____/_____/_____/_____

3. _____/_____/_____/_____/_____/_____/_____/_____

4. _____/_____/_____/_____/_____/_____/_____/_____

5. _____/_____/_____/_____/_____/_____/_____/_____

Last Name

First Name

Address

City

State

Zip

Date of Birth

Email Address

Captain

Telephone (____) _____ FAX (____) _____ E-MAIL _____

Captain Signature

REGISTRATION for: TOURNAMENT/LEAGUE _____

Fax completed form to: (412) 992-9186 LOCATION _____

Make checks payable to: ASTO Ambassador DATE _____ TIME _____
Jim VanKirk.

Mail to: Jim VanKirk, 321 Orchard Drive, Pittsburgh, PA 15236

IMPORTANT: Waiver Form with signatures of all players and/or parents if player is under 18 must be signed and turned in BEFORE YOUR TEAM CAN PLAY.



American Soccer-Tennis Organization

We reserve the right to forward this form to our sponsors.