



www.soccertennis.org
E-Mail: info@soccertennis.org

LEAGUE/TOURNAMENT REGISTRATION

TEAM NAME _____

Age selection options: 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

TOURNAMENT/LEAGUE _____

Captain Signature

REGISTRATION for:
Fax completed form to:
(248) 648 7001

LOCATION _____

Make checks payable to: DATE _____ TIME _____

ASTO Ambassador - Juan Delgado

Mail to: ASTO Ambassador - Juan Delgado, 867 South Blvd. Pontiac, MI 48341

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.