



www.soccertennis.org
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LEAGUE/TOURNAMENT REGISTRATION

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: LOCATION _____
(949) 429-5921

Make checks payable to: DATE _____ TIME _____

ASTO - TVSA Hawks

Mail to: ASTO - TVSA Hawks / Kelley Collins, PO Box 893242, Temecula, CA 92589

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.