



# LEAGUE/TOURNAMENT REGISTRATION

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

TEAM NAME \_\_\_\_\_

U-10    U-12    U-14    U-16    U-18    COED    ADULT-W    ADULT-M  
Age Group Eligibility: 2007 Season U17 (Jan. 1st – Dec.31st Born 1990)

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:  
(949) 429-5921 LOCATION \_\_\_\_\_

Make checks payable to ASTO. DATE \_\_\_\_\_ TIME \_\_\_\_\_

Mail to: ASTO, 55 San Simeon, Laguna Niguel, CA 92677

**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.