



# 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

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:  
(713) 433-0081  
Make checks payable to:  
22 STARS BRAZILIAN F.C.



LOCATION \_\_\_\_\_  
DATE \_\_\_\_\_ TIME \_\_\_\_\_



American Soccer-Tennis Organization

Mail to: 22 Stars Brazilian, F.C., 14135 Willow Mountain Lane Houston TX 77047

**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.**

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