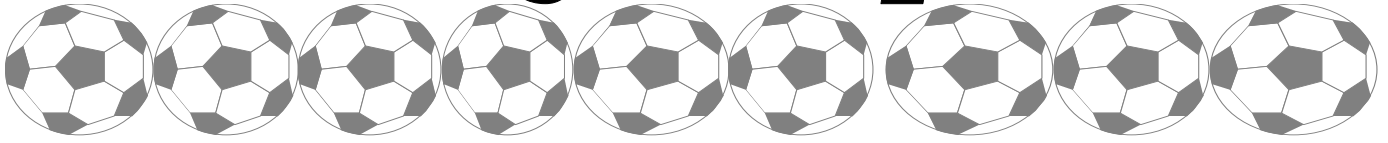


Free-Agency Form



DATE: ___ / ___ / ___

NAME: _____ BIRTHDATE: ___ / ___ / ___

ADDRESS: _____

CITYZIP: _____ MALE: _____ FEMALE: _____

HOME # _____ - _____ - _____ WORK # _____ - _____ - _____ EMAIL _____

POSITION(S) KEEPER DEFENDER MIDFIELDER FORWARD
PLEASE CIRCLE ALL THAT APPLY

HOW MANY YEARS HAVE YOU PLAYED? _____

WHEN WAS THE LAST TIME YOU PLAYED? _____

HAVE YOU PLAYED INDOOR SOCCER? _____

HOW MANY SEASONS? _____

HAVE YOU PLAYED OUTDOOR SOCCER? _____

HOW MANY SEASONS? _____

WHAT LEVEL DO YOU CONSIDER YOURSELF? 1 2 3 4 (please circle one)
1=TOP COMPETITIVE LEVEL 4=LOWER RECREATIONAL LEVEL

LEAGUE(S) YOU WOULD LIKE TO PLAY IN:
YOUTH BOYS _____ YOUTH GIRLS _____

MEN'S OPEN _____ MEN'S 30+ _____ MEN'S 40+ _____ MEN'S 50+ _____

COED OPEN _____ COED 30+ _____ COED40+ _____ COED50+ _____

WOMEN'S OPEN _____ WOMEN'S 25+ _____

