

GEORGIA AMATEUR SOCCER

GEORGIA STATE SOCCER ASSOCIATION

ADULT TEAM REGISTRATION FORM

***** PLEASE PRINT CLEARLY *****

1. Team Name: _____
2. Name of Field (if any): _____
3. Location of Field (street): _____
4. Directions to Field:

5. Age Division (circle): OPEN U30 30 and over 40 and over GASP
6. Team is (circle): MALE FEMALE COED
7. Team Colors (describe-vertical stripes, horizontal, trim, etc.)
Shirts: _____
Shorts: _____
Socks: _____
8. Coach: Name _____
Social Security Number _____
Street Address _____
City/State/Zip _____
Phone _____
Bus. Phone _____
9. Manager: Name: _____
Social Security Number _____
Street Address _____
City/State/Zip _____
Phone _____
Bus. Phone _____

League: Atlanta United Soccer Association, Inc.

Mail to: **Men's League** - Bill Hoag 4876 Duncan Wood Drive Duluth, GA 30096

Mail to: **Women's League** - Kelly Wilson 1485 Princeton View Court Loganville, GA 30052