



PYSC WAITING LIST REQUEST



PLAYERS LAST NAME		FIRST NAME		MI
STREET ADDRESS				
CITY			STATE	ZIP
HOME PHONE () -		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH - -	LEAUGE AGE
EMAIL		GRADE	SCHOOL	
LEAGUE USE ONLY	AGE VERIFIED YES NO	GENDER VERIFIED YES NO	BIRTH CERTIFICATE NUMBER / VERIFICATION ID	

FATHERS NAME	HOME PHONE () -	CELL PHONE () -
ADDRESS	CITY	WORK PHONE () - x
E-MAIL	OCCUPATION	LEAGUE HELP <input type="checkbox"/> CO-COACH <input type="checkbox"/> REFEREE <input type="checkbox"/> BOARD

MOTHERS NAME	HOME PHONE () -	CELL PHONE () -
ADDRESS	CITY	WORK PHONE () - x
E-MAIL	OCCUPATION	LEAGUE HELP <input type="checkbox"/> CO-COACH <input type="checkbox"/> REFEREE <input type="checkbox"/> BOARD

Our goal is to get as many children playing soccer as possible. Submitting this from is in no way a guarantee of placement for the coming season. Players will be placed on teams by age need, and on a first come first serve basis. Waiting list dates will be date of e-mail receipt or date of postmark. Parents willing to co-coach a team will be granted priority. Placements will take place between mid May and the start of the season. Please include a copy of a birth certificate for age verification. Do not send any money with this form.

All waiting list families will automatically be placed on the mailing list for next year.

Please fill in all information in word processor. Return from by mail or e-mail to the following:

president@pulaskiyouthsoccer.com

OR

PYSC
PO Box 162
Pulaski, WI 54162-0162

PYSC Use Only!
Postmark:
Bdate Verified:
Co-Coach:
Payment:
Placement Date: