

ITHACA UNITED SOCCER CLUB, Inc.

ADULT TEAM REGISTRATION FORM

BRING TO YOUR FIRST GAME or

Send to IUSC League Commissioner Rich Parker Box 260, Etna, NY 13062

Season & Year (i.e. Winter 2006): _____

Please **print clearly**; complete all applicable items in blue or black ink (**All info IS required**).

Team Name _____ **Division (circle)** Open - Coed - Womens - Over 30

Team Captain Name _____

Email address _____

Street Address _____ Apt.

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Team Roster: (**Captains - list all players on roster and turn in to referee prior to each and every game.** All players must submit a player waiver form for 2006 (Once covers players for all teams, leagues, and seasons they play 2006))

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

Signature of Captain & Date _____