TENNESSEE STATE SOCCER ASSOCIATION

161 Second St NE ● Cleveland, TN 37311 ● (800)367-8772

Association Age/Sex Division Season _____ Team Name: _____ Area Code _____

Social Security #	First / Last Name	Address	Zip Code	Phone	Birthdate Required	Sex
Coach - -				h ___ w Email		
Asst - -				h ___ w Email		
Manager - -				h ___ w Email		

	Social Security/ID #	First / Last Name	Address	Zip Code	Phone/Email	Birth Date	Sex
1	- -						
2	- -						
3	- -						
4	- -						
5	- -						
6	- -						
7	- -						
8	- -						
9	- -						
10	- -						
11	- -						
12	- -						
13	- -						
14	- -						
15	- -						
16	- -						
17	- -						
18	- -						

It is not necessary to enter the City or State if the appropriate Zip code is used. If your area has a new Zip, enter the City only once.

Proof of age is available for inspection for teams entering state tournament or Interstate competition. I hereby certify that this information is true and correct.

Revised 5/24/01

_____ _____ _____

DATE: **COACH:** **REGISTRAR:**