

CYSA Player Registering to DRAFT

Playe	r's Legal F	irst Nam	e:		Legal Last Name:				
Addre	ess:				_ City: Zip: _				
Sex:	M	F	Primary Email A	Address:					
Addit	ional Ema	ail Addres	s:			Date of Birth:			
Prima	ary Phone	Number	:						
Resid	e in Copp	ell or CIS	D Boundaries: \	/ N					
School:						Grade:			
Parent/Guardian Name:						Home Phone:			
Work Phone:						Cell Phone:			
Parent/Guardian Name:						Home Phone:			
Work	Phone: _					Cell Phone:			
Age D	Division: _	То	eam Name (last se	ason):		Play Up 1 yr?	Υ	N	(circle one)
X _	Signature		<mark>Paren</mark>		nt Name ce Player Ir	າ Draft		C	Date
X _									
	Signature	9		Prii Registratio	nt Name In Fees				Date
Note: T	here will be	a \$25 servic	e fee for any returned o	_		d policy is located at <u>www.</u>	coppellyo	uthsoc	cer.com
3 rd , Do N*	e in Coppe , 4 th & 5 th c IOT Reside , 4 th & 5 th c	hild disco in Coppe hild disco	unted fee: I/CISD Boundaries:	\$100/season					h disabilities) Ir home I July 8
Check .	k Amount: Cash Amount:								
Check :	eck #: Date:					Approval Code:			
Date:	Pate: Received by:					Received by:			
Receiv	ed by: _		!	Batch #:		Date:			
Batch #				Release Form recv'd					
	D 4 - 11:								

CYSA Mailing Address: P.O. Box 354 Coppell, TX 75019 Office Phone: 972-304-0886
CYSA Office Address: 509 W Bethel Rd, Coppell Email Address: info@coppellyouthsoccer.com