

NORTH TEXAS PREMIER SOCCER ASSOCIATION

SEASON _____ YEAR _____
 TEAM NAME _____
 JERSEY COLOR _____
 HOME FIELD _____
 DIVISION REQUESTED _____

CAPTAIN _____
 ADDRESS _____
 CITY, ZIP _____
 PHONE: () _____
 EMAIL ADDRESS: _____

DATE _____

All players that are not registered for the current soccer year and are ADDING to your team, MARK THOSE PLAYERS WITH AN "N". Any previously registered players TRANSFERRING to your team, MARK THOSE PLAYERS WITH A "T". **TYPE OR PRINT LEGIBLY IN BLACK INK. PLAYERS WITHOUT COMPLETE INFORMATION CANNOT BE REGISTERED.**

	NAME (Last Name, First Name)	ADDRESS	CITY	ZIP	PHONE	B-DATE	EMAIL
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