



Sacramento Adult Soccer Association

TEAM REGISTRATION FORM



Club Name: _____	Team Name: _____
Age Group / Division: _____	

Team Official Name : _____	Title: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	email: _____	
Team Official Signature: _____	Date: _____	

Team Official Name : _____	Title: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	email: _____	
Team Official Signature: _____	Date: _____	

Team Official Name : _____	Title: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	email: _____	
Team Official Signature: _____	Date: _____	

League Official's Signature: _____	Date: _____
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