

**Middle Georgia 6v6 Soccer
Registration and Team Roster Form**

TEAM NAME: _____

CAPTAIN: _____

ADDRESS: _____
 Street or PO Box Apt. # City State Zip

E-mail(please print clearly): _____

PHONE: (w) _____ (h) _____ (cell) _____

LEAGUE (circle one): Boys Varsity Boys JV Girls Varsity Girls JV

Circle Preferred Night: MONDAY THURSDAY

Blackout days:

| NAME | ADDRESS | CITY/STATE | ZIP | PHONE |
|------|---------|------------|-----|-------|
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