

Tracy Adult Soccer League

793 S. Tracy Blvd. # 180 Tracy, CA.



Coaches Info & Check Off Sheet

1. Any teams' registration application turned in after the deadline will be accepted at the leagues discretion.
2. A team must have a minimum 13 players to register an 11v11 team, 8 players for a 7v7 team.
3. Players added at the half season, pay half of that season's registration fee.
4. **Player Passes:** A player pass must be completed for each player being registered on a team. TASL will laminate the passes if needed. TASL player passes from previous seasons **are allowed**. A seasonal sticker will be attached to player passes that are complete.
5. Remove old season stickers from the back of player passes.
6. A copy of each players ID must be on file with TASL, or turned in at time of registration

Check Off List

- | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Single registration form filled out " <u>completely</u> " for each player. | <input type="checkbox"/> Copy of each players ID if applicable (Line 6) |
| <input type="checkbox"/> Check or money for each player. | <input type="checkbox"/> All participating players are listed on page 2, (bottom half). |
| <input type="checkbox"/> Completed player pass for each player. One player pass per division. (please read line 5) | <input type="checkbox"/> Manager and team information filled out completely on page 2 (top half). |

All Registration Inquiries please call 209-836-0577



TASL

793 S. Tracy Blvd. # 180 Tracy, CA. 95376

Tracy Adult Soccer League Team Registration Application

Team Name: _____ Team Uniform Color: _____

Managers Name: _____ Last League Played: _____

Address: _____ Phone Number: _____ Season _____

Player Names (players must complete single registration form)

1.	14.
2.	15.
3.	16.
4.	17.
5.	18.
6.	19.
7.	20.
8.	21.
9.	22.
10.	23.
11.	24.
12.	25.
13.	26.

OFFICIAL USE ONLY

Total Fees Received _____

Paid By Totals _____

Check # _____

Check From: _____

Cash \$ _____

Other ? _____

TOTAL \$ _____

Date received _____

By _____

All Registration Inquiries please call 209-836-0577