

LONG ISLAND JUNIOR SOCCER LEAGUE

701-9 KOEHLER AVENUE, RONKONKOMA, NY 11779 631-648-9020 FAX 631-648-9025

INTRAMURAL PLAYER FORM FOR PARTICIPATION IN LEAGUE TOURNAMENT PLAY

THE FOLLOWING PLAYER		
NAME		
ADDRESS		
CITY	STATE	_ ZIP
DATE OF BIRTH	TELEPHO	ONE #
IS REGISTERED IN THE		
CLUB NAME		
INTRAMURAL PROGRAM AND IS INSURED		
TOURNAMENT PARTICIPATING IN?		
DATES		
SIGNATURE OF CLUB PRESIDENT OR REGIST	TRAR	
LEAGUE OFFICIAL SIGNATURE/STAMP		