

LAFc Chelsea



2010/11 WPSL Tryouts



REGISTRATION FORM

_____ Fill out completely and bring to tryouts _____

Player Information:

Name: _____ Birth Date: _____ Height/Weight: _____

Address: _____ City: _____ State: _____ Zip: _____

High School: _____ Club: _____ College: _____

Phone: _____ Cell: _____ Email: _____

Recruiting:

Primary Position: _____ Seconadry Position: _____

ODP?: _____ WNT?: _____

Former Coaches: _____

Major Injuries: _____

Additional Comments: (Tell us anything that you feel we should know about you.)
