

U.S. Soccer Federation First Registration Form (FR-11)

Player's Last Name	First Name	Name			Middle Initia
Current U.S. Address	City			tate	Zip Code
Country of Birth	Gender	Male / 1	Female		
Birth Date Month Day Year	E-mail Addr	ess			
I,	, att	est the follow	wing to be	accurate	e:
Are you a <u>CITIZEN</u> of the United States?	Yes	No			
Have you ever been registered with ANY tea	m outside of the U	Jnited States	? Y	es	No
Team to participate with			_		
League					
State Association					
By executing this form, I hereby represent that the inf	formation contain	ed herein is t	rue and co	orrect.	
Ву:					
Signature of Player		Date:	Month	Day	Year
By: Signature of Parent or Guardian		 Date:	Month	Day	Year
(Required for any player under the age of 18)		Date:	MOHILI	⊅ay	ı eai

Please complete and submit this form by mail, e-mail or fax to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue
Chicago, IL 60616
312-808-9263 Fax
player_registration@ussoccer.org