

2015 CSAA SOCCER TEAM REGISTRATION FORM

1949 Goldsmith Lane, Suite 101, Louisville, KY 40218, 456-2722

This form must be returned to the CSAA office by MARCH 9TH

FAX NUMBER: 459-8420

e-mail: julie@loucsaa.org

PARISH _____ SPORT DIRECTOR _____

PRIMARY PHONE NO. _____

EMAIL ADDRESS _____

I WOULD LIKE TO REGISTER:

_____ COED/BOYS 8TH GRADE TEAMS

_____ GIRLS 8TH GRADE TEAMS

_____ COED/BOYS 6TH GRADE TEAMS

_____ GIRLS 6TH GRADE TEAMS

_____ COED/BOYS 4TH GRADE TEAMS

_____ GIRLS 4TH GRADE TEAMS

In order to make up league and tournament schedules, we need this information. Please fill out the information below. If you do not know this information at this time, please call the CSAA Office as soon as it is available. **IF WE DO NOT RECEIVE THESE DATES, GAMES WILL NOT BE RESCHEDULED ONCE THE TOURNAMENTS ARE SCHEDULED.**

8TH GRADE GRADUATION DATE: _____

8TH GRADE FIELD TRIP: _____ 6TH GRADE FIELD TRIP: _____

PLEASE PRINT LEGIBLY!

COED/BOYS TEAMS

8TH GRADE COED/BOYS COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 _____

ASST. _____

TEAM #2 _____

ASST. _____

TEAM #3 _____

ASST. _____

6TH GRADE COED/BOYS COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 _____

ASST. _____

TEAM #2 _____

ASST. _____

TEAM #3 _____

ASST. _____

PARISH _____

4^H GRADE COED/BOYS COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 _____

ASST. _____

TEAM #2 _____

ASST. _____

TEAM #3 _____

ASST. _____

GIRLS TEAMS

8TH GRADE GIRLS COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 _____

ASST. _____

TEAM #2 _____

ASST. _____

TEAM #3 _____

ASST. _____

6TH GRADE GIRLS COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 _____

ASST. _____

TEAM #2 _____

ASST. _____

TEAM #3 _____

ASST. _____

4TH GRADE GIRLS COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 _____

ASST. _____

TEAM #2 _____

ASST. _____

TEAM #3 _____

ASST. _____
