



Woodland Soccer Club

2009 Registration Information

First Name: _____

Last Name: _____

Date of Birth: _____ Male _____ Female _____

Address: _____

City: _____ Zip Code: _____

Phone #: () _____ Email: _____

Mother's Name: _____

Father's Name: _____

Names of other players/siblings that you would like to be placed on the same team with:

1) _____

2) _____

Recreational: _____

Metro: _____

(will need to try out for team placement)

Club Use/ Verification

Age Group: U _____ Boys _____ Girls _____

Rec: _____ Metro: _____