## Central New York State Soccer League Registration Form

	Check One	□ Player □ Coacn	☐ Player Coacn
	Team Name		
	☐ Men's Div. A	□ Men's Div. B	□ Women's
Last N	ame:	First Name:	M.I
treet:		City:	
State:_	Zip:	Phone:	
Player			
	Use Exist	ing ID If using old Pass	or use Pass No. for Player II
EMA	AIL Address:		
	Central	New York State Socce Registration Form	r League
	Check One	□ Player □ Coach	☐ Player Coach
	Team Name		
	☐ Men's Div. A	□ Men's Div. B	□ Women's
Last Name:		First Name:	M.I
treet:		City:	
State:_	Zip:	Phone:	
Player	ID No:		
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