

**Central New York State Soccer League
Registration Form**

Check One Player Coach Player Coach

Team Name _____

Men's Div. A Men's Div. B Women's

Last Name: _____ First Name: _____ M.I. _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____

Player I.D. No.: _____

Use Existing ID If using old Pass or use Pass No. for Player ID.

EMAIL Address: _____

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