

2011 Santa Margarita Catholic High School TOPSoccer Holiday Fest

PLAYER REGISTRATION

Please Print or Type

Name: _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Email: _____

Please provide the following information

Contact person in case of emergency:

Name: _____ Phone #: _____

Is player a registered Cal South TOPSoccer Player? Yes: _____ No: _____

Does player use mobility aids? Yes: _____ No: _____

If so, please list: _____

Does player have any food allergies? Yes: _____ No: _____

If so, please list: _____

Will player need an aid for this event? Yes: _____ No: _____

Does player have previous soccer experience (not required)? Yes: _____ No: _____

Is there another player that you wish to have on your team? Yes: _____ No: _____

If so, name of other participant: _____

Player T-shirt size: _____ Circle: Youth / Adult *Pre-Register by Nov. 18th to guarantee shirt size!

Please mail completed forms to: SMCHS/ TOPSoccer Holiday Fest

40 Argento, Mission Viejo, Ca. 92692

or e-mail completed form to TOPSoccerFest@gmail.com

Questions: Call Lynda Wulf at (949) 233-9967

