



ACUSHNET YOUTH SOCCER ASSOCIATION ADULT REGISTRATION FALL 2024

Acushnet, MA P.O. Box 30089

Like us on FACEBOOK
Acushnetyouthsoccer.com

****Please PRINT clearly****

NAME: _____ D.O.B.: _____ SEX: M / F

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

****Must Provide EMAIL:** _____

Register online at:

<https://reg.sportspilot.com/106692/leagues>



Coach's shirt size: _____

Asst. Coach shirt size: _____

Team Parent shirt size: _____

NAME OF CHILD/CHILDREN: _____

DIVISION: _____

DIVISION: _____

COACH: _____

COACH: _____

ASST. COACH: _____

ASST. COACH: _____

TEAM PARENT: _____

TEAM PARENT: _____

OFFICIAL USE ONLY
(Please make sure all is filled out)

INITIALS: _____

DATE: _____