

Mail a completed copy of this registration and a check for fees prior to June 23rd, 2023

Mail to: Hays Soccer Club, 17745 Homer Terrace, Gorham, KS 67640

Contact: Daniel Kelly: 316-308-8803 or dhkelly214@gmail.com

Team Registration

Team Name: _____

Team Division: _____

Team Coach and Contact: _____

Email: _____

Phone: _____



Player Name	Incoming Grade	Player Birth Year
Player 1: _____	Incoming Grade: _____	Birth Year: _____
Player 2: _____	Incoming Grade: _____	Birth Year: _____
Player 3: _____	Incoming Grade: _____	Birth Year: _____
Player 4: _____	Incoming Grade: _____	Birth Year: _____
Player 5: _____	Incoming Grade: _____	Birth Year: _____
Player 6: _____	Incoming Grade: _____	Birth Year: _____

(Below 8v8 Only)

Player 7: _____	Incoming Grade: _____	Birth Year: _____
Player 8: _____	Incoming Grade: _____	Birth Year: _____
Player 9: _____	Incoming Grade: _____	Birth Year: _____
Player 10: _____	Incoming Grade: _____	Birth Year: _____
Player 11: _____	Incoming Grade: _____	Birth Year: _____
Player 12: _____	Incoming Grade: _____	Birth Year: _____

Every player is required to show completed individual registration at check-in.