WESTSIDE SOCCER CLUB TEAM FORM

Team Name _____ Expected due Date_____

Address_____ City_____ St_____ Zip_____

Phone _____ Fax_____

Contact Name (Mgr etc)_____ Email_____ Coach_____

Player Name	Jsy #	Dark Jsy	Lt Jsy	Dark Short	Lt Short	Sock m/l	Bag	WU top	WU pant	Misc	Parent initials

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