

Toby Wells YMCA SOCCER DRAFT CARD



Player Name: _____

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Age: _____ Gender: Male Female Jersey Size: YXS-AXL _____

Age Division: U7 (5-6) U10 (7-9) U13 (10-12) U16(13-15) U18 (16-17)

Must have sports director's approval to play in age group other than child's current age.

Would you like to coach? Yes No Would you like to assist in coaching?: Yes No

Practice same day as sibling? Yes No No Preference

MY CHILD WOULD PREFER TO PRACTICE ON (Select Two) : M Tu W Th F

Buddy request (limited to one, fill in name): _____

There is no guarantee that practice or buddy requests will be fulfilled.

Email: _____

If we can't read your writing we may not be able to process your requests. PLEASE PRINT LEGIBLY!