

15th Annual TOPSoccer Fest

Please mail form to Sandy Castillo, 323 N. Thomann Dr., Placentia, CA 92870, or email scastillo@calsouth.com



TOPSoccer PLAYER REGISTRATION (PLEASE PRINT)

TOPSoccer Player Name _____ Age _____ Tee Shirt Size _____

Parent or Guardian Name _____

Address _____ City _____ ZIP/Postal Code _____

Phone # _____ Email _____

Contact person in case of emergency: _____
Name/Relationship to Player _____ Phone # _____

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

Does the player use mobility aids? _____ If yes, please list _____
Yes/No

Does the player have any allergies? _____ If yes, please list _____
Yes/No

Will the player need a buddy for this event? _____
Yes/No

Player buddy you wish to have on your team: _____
Buddy Name

Does the player have previous soccer experience? _____
Yes/No

PLEASE NOTE: Parent and/or guardian must be present at the event.

TOPSOCCER PLAYER CHECK-IN IS AT 9:30 AM.