



Sioux River United Registration

Player's Name: _____
Last Name First Name

Father's Name Mother's Name

Address

Home Phone Number Cellular Phone Number

Player's E-mail Address Parent's E-mail Address

Player's Date of Birth: _____ Player's Gender (circle) **M** **F**

Player's Grade This Year (circle) **1 2 3 4 5 6 7 8 9 10 11 12**

Player's Field Position (circle all that apply)
Goalie Defender Midfielder Forward Any

If Player is already on a CLUB team complete the following:

Team Name

Age Group of team (U-12, U-14, etc.) Name of Coach

Program You Wish To Register For (check all that apply)

____ SRU CLUB FEE: _____
____ ACADEMY (U10-12) FEE: _____
____ WINTER INDOOR TRAINING (U8, U13/14, U17/18) FEE: _____
TOTAL DUE: _____

Scholarship: I am donating \$5 __ \$10 __ \$20 __ Other _____ to help someone less fortunate (Entry fee, shin guards, ball)

I would like to apply for a scholarship for my child, please contact me. _____
(Required - \$10 per player per session)

Return Registration form to Donna Theodosopoulos, SRU Registrar, 828 Candlewood Ln Brookings, SD 57006 or via email annodjo@yahoo.com

Check# _____ amt. _____ date _____
Check# _____ amt. _____ date _____