

ESC

Center of Excellence Registration

Last Name; _____ First Name _____ Team; _____

Date of Birth: _____ Male: _____ Female _____

Mothers Name: _____

Home Phone; _____ Cell: _____ Work: _____

Fathers Name: _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____ City: _____ Zip : _____

Primary Email : _____

Secondary Email: _____

T-Shirt size (please circle): YS YM YL AS AM AL AXL

Please complete the form above. Be sure to indicate what size T-shirt and make sure email address is legible as this will be our way of communicating with the group:

Enclose a check (please refer to website for correct amount) made out to ESC and mail to:

Edmond Soccer Club
3908 Mahogany Run
Norman, OK 73072
C/O James Soesbee