2008 PRO SASSI TOURNAMENT PLAYER PROFILE

DATE: / /

YOUTH PROFESSIONAL TRAINING

PLEASE PRINT

and fax completed form to:

717.391.8385

NAME :

LAST:

FIRST:

MIDDLE:

E-MAIL ADDRESSES (2 current addresses required):

PLAYERS:

PARENTS:

HOME PHONE: ( ) - FAX: ( ) -

DATE OF BIRTH:	GRADE AS OF SEPT. 2007:	HEIGHT:	WEIGHT:
PLACE OF BIRTH:			
MOTHER'S NAME:	OCCUPATION:	DAY PHONE: ( ) -	
FATHER'S NAME:	OCCUPATION:	DAY PHONE: ( ) -	
PLAYERS HOME ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PRIMARY POSITION:	SECONDARY POSITION:		
DO YOU HAVE ANY GOALKEEPER EXPERIENCE?:	IF YES, HOW MANY YEARS?:		
YEARS AS A LEAGUE SELECT PLAYER:	YEARS AS AN ODP POOL PLAYER: STATE:	REGIONAL:	NATIONAL:
CLUB TEAM: (U)	COACH:		
COACH'S PHONE: ( ) -	COACH'S E-MAIL:		

THE FOLLOWING SECTIONS DO NOT NEED TO BE COMPLETED IF YOU HAVE PARTICIPATED IN A YPT PROGRAM WITHIN THE LAST YEAR

SOCCER REFERENCE INFORMATION:	
NAME:	RELATIONSHIP:
PHONE: ( ) -	E-MAIL:
NAME:	RELATIONSHIP:
PHONE: ( ) -	E-MAIL:
CLUB TEAM ACCOMPLISHMENTS: (include year)	
INDIVIDUAL ACCOMPLISHMENTS, AWARDS, HONORS:	