



2010 RESIDENCE PROGRAM PLAYER PROFILE

DATE: / /



PLEASE PRINT and fax completed form to: 717.391.8385

NAME:

LAST: [Grid]

FIRST: [Grid]

MIDDLE: [Grid]

E-MAIL ADDRESSES: (2 frequently checked addresses required)

PLAYERS: [Grid]

PARENTS: [Grid]

HOME PHONE: () - FAX: () -

DATE OF BIRTH: GRADE AS OF SEPT. 2009: HEIGHT: WEIGHT:

PLACE OF BIRTH:

MOTHER'S NAME: OCCUPATION: DAY PHONE: () -

FATHER'S NAME: OCCUPATION: DAY PHONE: () -

PLAYER'S 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: PLEASE INCLUDE AGE GROUP, CLUB, AND ANY TEAM NAME COACH:

COACH'S PHONE: () - COACH'S E-MAIL:

ADDITIONAL SOCCER REFERENCE INFORMATION:

NAME: RELATIONSHIP:

PHONE: () - E-MAIL:

NAME: RELATIONSHIP:

PHONE: () - E-MAIL:

CLUB TEAM ACCOMPLISHMENTS: (include year)

INDIVIDUAL ACCOMPLISHMENTS, AWARDS, HONORS: