

GASTON UNITED SOCCER CLUB

2010 TRYOUT REGISTRATION FORM



For GUSA Use Only:

Age Group: _____ (boy) (girl)

Check #: _____ Cash

T-shirt #: _____

Player Information:			
First Name: (on birth certificate)		Date of Birth:	
Preferred name:		Gender:	
Middle Initial:		Most Recent Club Team:	
Last Name:		Most Recent School Team:	

Contact Info:			
Best Phone:		This will be the number the Coach/Exec. Dir. will call.	
Primary Email Address:			
Parent/Guardian #1		Parent/Guardian #2	
Name:		Name:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Relationship to Player:		Relationship to Player:	

TRYOUT REGISTRATION FEE: \$15

WALK-UP FEE: \$20

- **Make checks payable to Gaston United Soccer Club**
- **Email complete registration forms to guscdebbie@yahoo.com or registrar@gastonunitedsoccer.org**

Fax completed registration forms to (704) 823-7322

GUSC 3434 S. New Hope Road, Gastonia, NC 28056