



CLUB REGISTRATION FORM

SPRING _____
2007

FALL _____
2007

Club Name _____ District # _____
Kickers 01, Racine 02, Metro 03, East Central 04, Madison 05, Kenosha 06, Staline 07, Waukesha 08, Northwest 09,
Southwest 12, Ozaukee 13, Midway 17

Club Registrar Name: _____

Address _____

Home # () _____ Work () _____

***email (required) _____

Total # Rec Players @
\$8.30 ea

Total # Competitive
Players @ \$10.80 ea

Total Player Count
by Club

Total Amt Pd by Club

\$ _____

Total Number
coed/Boys Teams

Total Number Girls
Teams

Total Number of
Teams

Total Amount due to WI Youth Soccer _____

Date Paid _____ Check # _____

Date Received @ State
Office _____

Make Checks Payable to District or WI Youth Socce

Fall Registrations due to State: October 1
Spring/ Summer Registrations due to State: May 1

If your club sends registrations to the State directly, send to the below address:
10201 W Lincoln Ave Suite 207 West Allis, WI 53227 - 2027

Club Registrars: Please send one copy of this form with player registration data disk and fees to the District Registrar and send one copy directly to the State Association. This form is be used to verify data and fees received from member clubs. Be sure to break down team counts by gender (boys & girls and fees paid by club.