

Team Application



General Information

Team Name	
Club Affiliations (If Any)	
Manager and/or other Coaches/Assistances	
Primary Number	
Secondary Number	
Address including city, state, and zip code.	
E-Mail Address	

Age Group/ Division

Please select the appropriate age group and division below.

Age Group:

Boys Girls Co-Ed

Division:

Black Gold

Manager/Head Coach Signature

Signature

Date

Rising Stars Use ONLY

Amount Paid:

Payment Date:

Circle: Deposit Only

Full Payment

Circle Payment Type: Cash Credit Check

Check Number:

Circle: Paid In Full

Owes

Please make checks payable to:
Rising Stars Soccer Club

Amount Due (if any):