

MAGIC SC



Magic Soccer Club
P.O. Box 1223
Middlebury, IN 46540

PLAYER'S NAME: _____

DATE OF BIRTH: _____

PARENT'S NAME: _____

GENDER (MALE/FEMALE): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE
NUMBER: _____

2ND PHONE NUMBER: _____

EMAIL ADDRESS: _____

2ND EMAIL ADDRESS: _____

AGE CHART:

AGE GROUP	8U	9U	10U	11U	12U
YEAR OF BIRTH	2010	2009	2008	2007	2005

----- **FOR MAGIC PERSONNEL USE ONLY** -----

TEAM: _____

COACH: _____