

MAGIC SC



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

PLAYER'S NAME: _____ DATE OF BIRTH: _____

PARENT NAME(S): _____ PLAYER'S GENDER (MALE/FEMALE): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE NUMBER: _____ 2ND PHONE NUMBER: _____

EMAIL ADDRESS: _____ 2ND EMAIL ADDRESS: _____

Age Chart for Fall 2017 & Spring 2018

AGE GROUP	8U	9U	10U	11U	12U
YEAR OF BIRTH	2010 & 2011	2009	2008	2007	2006

----- FOR MAGIC PERSONNEL USE -----

TEAM: _____

COACH: _____