SOCCER INDIVIDUAL SKILLS

COACHESNAME_____SCHOOL_____

Phone_____ Fax_____ E-mail_____

PLEASE CIRCLE DAY YOU WILL ATTEND: MONDAY (8-15 yr. old) TUESDAY (16 & over)

PLEASE MARK THE ATHLETES ABILITY LEVEL ON THE FORM:

BEGINNER (B) - Limited Skills **INTERMEDIATE (I)** **ADVANCE (A)**

ATHLETES NAME	AGE	SEX	ABILITY LEVEL

Please list all additional Coaches/Staff:

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