



Indoor Development  
Soccer League

**TEAM REGISTRATION FORM**

<u>PLAYER NAME</u>	<u>PARENT NAME</u>	<u>PHONE #</u>	<u>E-MAIL</u>	<u>PAYMENT</u>
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

TRAINING LOCATION: \_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_

ADDITIONAL INFO: \_\_\_\_\_

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Please remit complete application with payments to Legends FC, 981 W. Arrow Hwy, #391, San Dimas, CA 91773