



Franklin Township Soccer Club - Travel Division
Player Tryouts Check-In Form



Parent/Guardian

First Name: _____
Last Name: _____
Address: _____
Address: _____
City: _____ State: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Mobile Phone: _____
Email: _____
Relation to Player: _____

Player

First Name: _____
Last Name: _____
Address: _____
Address: _____
City: _____ State: _____
Zip: _____
Home Phone: _____
Gender: _____
Email: _____
Birthdate: _____
Tryout Date: _____
Division (U##): _____

FTSC Check-In Use Only

Division

Pinnie Number

FTSC Rep Initials

Check-in Date