

Full Name							
	First Name			Last Name			
D.O.B	Month	Day	Yea	r		Gender	
T-shirt size							
	S/M/L/XI						
Address							
	Address Line 1						
	City			Zip Code			
Phone Number							
Email							

Please make all checks payable to **Ian McIntyre Soccer Inc.**For more information please contact: **atcoughl@syr.edu**