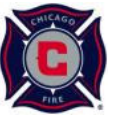




Chicago Fire Premier PDL and Super 20



2008 TRYOUT REGISTRATION FORM

WHICH TEAM ARE YOU TRYING OUT FOR? (please check one) PDL U-20

PLAYER INFORMATION (please print all information)

Name (First, Last): _____

Address: _____

City / Zip / State: _____ Date of Birth (Month/Day/Year): _____

Home Phone: _____ Cell Phone: _____

E-mail (For regular communication during the season): _____

Emergency Contact Name & Number: _____

University Name/Coach/Phone: _____

Year in School (Spring'08) _____ Position _____

University Honors: _____

Club Team Experience (Club name, coach, honors/awards, ODP, for past **three** seasons)

TRYOUT DATE/TIME/LOCATION

· **Sunday April 20th 9:00 AM at Moraine Valley Community College**

Moraine Valley Community College
9000 West College Parkway
Palos Hills, IL 60465
Visit the web at www.morainevalley.edu or www.chicagofirepremier.com for a map and directions.

· How did you hear about the program: () College Coach () Newspaper () Website () Other _____

· **Tryout Fee**

Before April 16: \$75 (payment must be received by 4/16)

After April 16: \$100 On-Site ONLY

Make checks payable to Chicago Fire Premier F.C. and mail to:

Chicago Fire Premier ATTN: John Dorn. 7000 S. Harlem Ave, Bridgeview, IL 60455

Tryout fee will be deducted from the player fee if he makes the squad.

I hereby authorize myself to tryout for the Chicago Fire Premier and Chicago Fire Super 20 teams and agree to hold Fire Premier FC and Chicago Fire Soccer, their employees and volunteers harmless in the event of an accident at the tryouts, which results in an injury to myself.

Signature: _____ Date: _____

For Club Use Only:	Tryout Number: _____
Offer Made: _____ Date Notified: _____ By: _____	
Comments: _____	
	Payment Received _____