



## EASTSIDE UNITED-FC ADULT PLAYER INFORMATION SHEET

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F (circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

\*Level of Play: Recreation \_\_\_\_\_ Mid-Level \_\_\_\_\_ Competitive \_\_\_\_\_

League: Coed 7v7 \_\_\_\_\_ Coed 11v11 \_\_\_\_\_ Men's 7v7 \_\_\_\_\_ Women's 7v7 \_\_\_\_\_

Season (7v7): Fall/Winter \_\_\_\_\_ Winter/Spring \_\_\_\_\_ Spring/Summer \_\_\_\_\_

Season (11v11 Coed Only): Summer \_\_\_\_\_

Preferred Position: \_\_\_\_\_

Experience: \_\_\_\_\_

Skill Level 1-10 (1 being a beginner; 10 being college player or higher): \_\_\_\_\_

Would you be willing to manage a team? Y / N (circle one)

### Eastside United FC Requirements:

- Team manager is responsible for the completion of the roster form and collection of fees from players.
- League fee must accompany the registration form and roster
- Team uniforms must be matching in color. In case of conflict, the home team will change.

Form can be scanned and e-mailed to [adultsoccer@esufc.com](mailto:adultsoccer@esufc.com), faxed to 503-669-0914 or mailed to:

**EastSide United FC**  
**510 NE Roberts Ave., Suite 200**  
**Gresham, OR 97030**