



NORTH TEXAS PREMIER SOCCER ASSOCIATION, INC.

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Affiliated with the United States Soccer Federation, the United States Adult Soccer Association, and the North Texas State Soccer Association

ADULT PLAYER INFORMATION FORM

PLAYER INSTRUCTIONS: Please complete the information requested.

Date of Birth (Month-Day-Year)

Email Address:

Male

Female

Last Name

First Name

Address

City

TX

State

Zip code + 4

(-----) ----- -- -----
Primary Telephone Number

PLEASE PRINT LEGIBLY!!!!!!

DATE OF BIRTH (MONTH-DAY-YEAR)

EMAIL ADDRESS

MALE OR FEMALE

LAST NAME (OFFICIAL NAME ON IDENTIFICATION PROOF)

FIRST NAME

(FULL LEGAL NAME ON DOCUMENT PRESENTED AS PROFF OF IDENTIFICATION)

ADDRESS-BE SURE TO INCLUDE APARTMENT/SUITE NUMBERS

CITY, STATE, ZIP (+4 NOT NECESSARY)

TELEPHONE NUMBER

PLEASE PRINT THIS FORM, COMPLETE THE REQUESTED INFORMATION, AND BRING WITH YOU WHEN YOU ARE HAVING YOUR PLAYER ID CARD MADE. THANKS