



**U.S. Soccer Federation
 Proof of Entry Prior to 10 Years of Age
 Submission Form (P10 3-15)**

Biographical Information (Type or Print clearly)

_____	_____	_____
Player's Last Name	First Name	M.I.
_____	_____	_____
Mother's Maiden Name	First Name	M.I.
_____	_____	_____
Father's Last Name	First Name	M.I.
_____	_____	_____
Current U.S. Address	City	State Zip
_____	()	_____
Email address	Primary Phone Number	
_____ / _____ / _____	Gender (must select one)	Male Female
Player's Date of Birth		
_____	_____	
Country of Birth	Country of Citizenship	

Submission Information

(This section MUST be completed or the application will NOT be processed.)

Type of Documentation Provided

Club Wishing to Participate with
Michigan State Youth Soccer State Association

Please complete and submit this form along with supporting documentation by email to:

itc@michiganyouthsoccer.org

Michigan State Youth Soccer Association
 Attn: ITC Player Registration
 9401 General Drive, Suite 120
 Plymouth MI 48170
michiganyouthsoccer.org