

WISE UNITED FOOTBALL CLUB

Academy and Competitive Program Open Training Registration Form

Player's Name:			
	First Name	Last Name	
Player's DOB:		Player's Gender:	Male Female
Player's Address:	# 4	AT	
	Address	OTA L	
	City	State	Zip
Seasons Played:		- 4	2 /
Experience:		- X	
100	*/ Lah		
	/ //	Table 1	
Parent			
Information:	Father's First Name	Father's Last Na	ame
EST	Part State	26	2022
	Email	Phone Number	1
	Mother's First Name	Mother's Last N	ame
	Email	Phone Number	B9 /
Wise United FC	0		
Club Use Only:	0		
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Training Date:			
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