



# Suffolk Men's Soccer League Player Registration / Transfer



## Team Information

Team Name	
Team Contact	Team Manager (Sign & Date)
Team Contact Phone	Team Contact Email

## Player's Information

Last Name	First Name	
Date of Birth (mm/dd/yyyy)	Phone Number	
Address		
Town	State	Zip Code
Email Address		

## Transfer Information

Previous Team Name	Current Pass #
Contact	Phone Number

## Required Material Checklist

<input type="checkbox"/>	Copies of two different forms of ID clearly showing player's name and date of birth (one must be a picture ID) or previous SMSL player pass.
<input type="checkbox"/>	Assumption of Risk Agreement
<input type="checkbox"/>	Two current passport size photos clearly showing the player's face.
<input type="checkbox"/>	Self-Address Stamped Envelope (if pass is to be returned by mail)

Deliver this form and all materials to:

SMSL Registrar  
c/o Jose Veliz  
22 Lexington Avenue  
Brentwood, NY 11717

**DO NOT** write below this line (*Official Use Only*)

Pass #	Registrar's Signature	Date
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