INSCRIPTION 2016-2017

Please include to this form:

- 2 photos of identification
- Birth certificate of participant
- Copy of first page of on date passport
- Copy of American visa if Haitian

	Haitian
CHILD'S FIRST NAME	
CHILD'S LAST NAME	
BIRTHDATE:	GENDER:
Day/ Month / Year	F M
Day/ Month / Year	I' IVI
ADRESS	
DADENTS /CHADIN	IANI
PARENTS/GUARDI	<u>IAIN</u>
FIRST & LAST NAME	
E-MAIL	
TEN EDITONE ANTI-ATICA DE	
TELEPHONE/WHAT'S APP	
ADRESS	
ADICESS	

EMERGENCY CONTACT

FIRST & LAST NAME
RELATIONSHIP TO PARENT
RELATIONSHIP TO PARENT
E-MAIL
PHONE
ADRESS
SCHOOL ATTENDED BY CHILD
SCHOOL ATTENDED BY CHILD
FORMER SOCCER EXPERIENCE (if new in 2016-2017)
UNIFORMS
SIZE TOP SIZE SHORT SIZE SHOE (for socks)
PAYMENT PLAN:
PATIVICIVI PLAIV:
PLAN 1