

Springfield Area Soccer Association

PLAYER PROFILE

PERSONAL INFORMATION

Name:	D	ate of Birth:	Height:	Weight:
Address:	City:		State: 2	Zip Code:
Home Phone:	Cell Phone:Email Address:			
Father's Name:	1	Mother's Name: _		
	ACADEMIC IN	NFORMATIO	<u>N</u>	
High School:	Phone:		Graduation Date:	
Address:	City:		State: 2	Zip Code:
Grade Point Average:	Class Rank: ACT	Score:	Will you retake AC	Γ: Date:
Academic Honors:				
Academic Interest/Intended Co.	llege Major:			
	CLUB SOCCER	INFORMATI	<u>ON</u>	
Club Team:	Coach:			
Coach Email:	Coach Cell #:			
Position (1):	Position (2):		Position (3):	
Individual Honors:				
Team Honors:				
	HIGH SCHOOL	INFORMATI	<u>ON</u>	
High School Team:		Coach:		
Coach Email:	Coach Cell #:			
Years Played Varsity:	Positions Played:		Sports Played:	
Individual Honors:				
Team Honors:				