



U.S. Soccer Federation  
Proof of Entry Prior to 12 Years of Age  
Submission Form

MALE   
FEMALE

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name First Name Middle Initial

Mother's Maiden Name First Name Middle Initial

Father's Last Name First Name Middle Initial

Current United States Address City State Zip

( ) - ( ) -  
E-mail Address Home Phone Number Mobile Phone Number

/ /  
Date of Birth (mm/dd/yyyy)

Place of Birth (City & State) Country Citizenship

B. SUBMISSION INFORMATION (Must be completed)

Type of Documentation Provided

Club Wishing to Participate With League/State Association

Please complete and submit this form either by fax, e-mail or mail to:

**Eastern Pennsylvania Youth Soccer**  
**4070 Butler Pike, Suite 100**  
**Plymouth Meeting, PA 19462**  
**Phone: 610-238-9966**  
**Fax: 610-238-9933**  
**E-mail: [BKleinert@epysa.org](mailto:BKleinert@epysa.org)**