



NORTH TEXAS PREMIER SOCCER ASSOCIATION, INC.

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**Affiliated with the United States Soccer Federation, the United States
Adult Soccer Association and the North Texas State Soccer Association**

ADULT PLAYER INFORMATION FORM

PLAYER INSTRUCTIONS: Please complete the information requested.

Date of Birth (Month-Day-Year)

____ - ____ - ____

Male Female

Last Name

First Name

Address

City

T X

State

----- -
Zip code + 4

(____) _____ - ____
Primary Telephone Number

PLEASE PRINT LEGIBLY!!!!!!

DATE OF BIRTH (MONTH-DAY-YEAR)

MALE OR FEMALE

LAST NAME (OFFICIAL NAME ON IDENTIFICATION PROOF)

FIRST NAME

(FULL LEGAL NAME ON DOCUMENT PRESENTED AS PROOF OF IDENTIFICATION)

ADDRESS – BE SURE TO INCLUDE APARTMENT/SUITE NUMBERS

CITY, STATE, ZIP (+ 4 NOT NECESSARY)

TELEPHONE NUMBER

**PLEASE PRINT THIS FORM, COMPLETE THE REQUESTED INFORMATION, AND
BRING WITH YOU WHEN YOU ARE HAVING YOUR ID CARD MADE. THANKS.**