



**2024 HILLSBORO MEN'S 7v7 FALL SOCCER LEAGUE  
(4450 NE Century Blvd. 503-615-6530)**

**TEAM INFORMATION SHEET**

Team _____	Uniform _____
Team Representative _____	
Address _____	City _____ Zip _____
Home _____ Day _____	Other _____
Home E- _____	Work E-mail _____
Alternate Contact Person _____	
Address _____	City _____ Zip _____
Home _____ Day _____	Other _____
Home E- _____	Work E-mail _____
<b>Wednesday:</b>	
Division 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____	
<b>Friday:</b>	
Division Pending on number of team* 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____	
*Requests will be considered but team placements will be based off previous season standings.	
<b>*ALL players must be 18 years of age or older.</b>	

For office use only

Fee paid		Receipt #		Date		Time	
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