



**2024 HILLSBORO COED 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 _____
Monday: <input type="checkbox"/> Division 1 st _____ 2 nd _____ 3 rd _____ Friday: <input type="checkbox"/> Division Pending on number of team* 1 st _____ 2 nd _____	
*Requests will be considered but team placements will be based off previous season standings. *ALL players must be 18 years of age or older.	

For office use only

Fee paid		Receipt #		Date		Time	
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