



Lafayette Youth Soccer Association
 Post Office Box 91205, Lafayette, LA 70509
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2008-2009 LYSA DIVISION 1 TRYOUT APPLICATION

****** ALL PLAYERS MUST TRYOUT IN THEIR ******
****** RESPECTIVE AGE GROUP! ******

Please print and mail in to LYSA as soon as possible!

Player's Name:		Age Group:
Address:		City, State, Zip:
Home Phone:	Parent's Cell:	Email:
Date of Birth:	Sex: (circle) Male Female	No. of Years Played: (1 year consists of Fall and Spring) _____ Recreational _____ D1 _____ Premier
Position(s) played: (Examples: Defender, Midfielder, Forward, Goalkeeper, Sweeper, Striker, Stopper)	Name of Most Recent Coach:	Do you want to return to last season's team? Yes No
Comments:		
Player Signature		Parents Signature

***** All D1 players and prospective players must return *****
***** this tryout application as soon as possible to the LYSA office *****