



Member Information Sheet

Please mail this form to:

***Women's Soccer Office, Girls Can Club
McCue Center PO Box 400847
Charlottesville, Virginia 22904***

Name _____

Address _____

Age _____ Grade _____ Name of Parents _____

Name(s) and Age(s) of Siblings _____

Pet's Name(s) and Type(s) _____

Your Hair Color _____ Color of Your Eyes _____

What have you done this summer? _____

What makes you smile and/or laugh? _____

What makes you nervous? _____

Favorite Soccer Team _____ Favorite Soccer Player _____

Favorite Book _____ Favorite Movie _____

Favorite Subject in School _____ Favorite Food _____

Dream Vacation? _____

Who is your best friend? _____ Why? _____

What are you good at doing? _____

What is difficult for you? _____

What are your hobbies? _____