



## 2018-2019 Duluth Växjö Soccer Exchange (DVSE) Returning Player Application

**Please insert  
photo  
electronically  
or tape from  
behind.**

**Please do not  
staple.**

Please print in ink (do not use pencil) or type information clearly.

Player Legal Name			
Passport Status (Circle One):		I have one	I need one
		I need to renew mine	
Birth Date:		Gender (Circle One):	Male      Female
Primary Address:			
Home Phone:			
Player Cell:			
Player E-mail:			
Parent's Names:	Father:	Mother:	
Parent's Occupation:	Father:	Mother:	
Parent Cell Phone:	Father:	Mother:	
Parent E-mail:	Father:	Mother:	
Participation in DVSE requires monthly parent involvement, attending group/committee meetings. Please indicate which committee a parent is willing to serve on.	<input type="checkbox"/> Communications <input type="checkbox"/> Corporate Sponsorship <input type="checkbox"/> Individual Fundraising <input type="checkbox"/> Travel <input type="checkbox"/> Group Fundraising <input type="checkbox"/> Merchandising		

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Email completed application to [sistercitysoccer@gmail.com](mailto:sistercitysoccer@gmail.com)



or  
Mail completed application form by August 31 to:  
DVSE 23 West Central Entrance, #329 Duluth, MN 55811