



## 2019-2020 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"/> Group Fundraising <input type="checkbox"/> Merchandising <input type="checkbox"/> Travel			

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

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

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



**or**  
**Mail completed application form by March 15 to:**  
**DVSE 23 West Central Entrance, #329 Duluth, MN 55811**