

Southern Lehigh Soccer League Play-Up Application

Parent

Name:

Date:

Player

Name:

Address:

Email:

Phone:

Player

Birthdate:

Correct

Age Group:

Male:

Female:

Requested

Age Group:

Male:

Female:

**Is player grade appropriate with requested
team?**

Yes:

No:

Please Submit Application To:

Wayne Hefner

Director Of Travel

4880 Penns Way

East Greenville, PA 18041

Southern Lehigh Soccer League Play-Up Application

**Reasons Player
should be
allowed to play-
up:**

**Please attach any supporting documents from coaches,
trainers, etc. that will provide additional documentation of the
players ability to play at this level.**

**Please Submit Application To:
Wayne Hefner
Director Of Travel
4880 Penns Way
East Greenville, PA 18041**