



MAKINZ REGISTRATION FORM

STUDENT INFORMATION

First Name: Last Name:

Date of birth: Gender:

PARENT INFORMATION

First Name: Last Name:

Telephone:

Email:

PERSONAL INFORMATION

Preferred Location: Program Type:

Height: Weight:

Jersey: Size:

Favorite Team: School Name:

Blood Type: How many years have you had football experience?

How did you hear about us?

POSITION INFORMATION

Position: Right Footed/Left Footer: