



California Youth Soccer Association Foreign Document Translation Form

Player Last Name:	_____
Player First Name:	_____
Player Middle Name:	_____
Player Date of Birth:	_____
Place of Birth:	_____
Parents Names:	_____

Translator's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Signature: _____ Date: _____

***A copy of the foreign language birth document must accompany this form.**

APPROVED BY: _____ Date: _____