



NORTH METRO SOCCER ASSOCIATION
PACT DISCLOSURE FORM

PLAYER INFORMATION

Parent(s) Name (please print): _____

Phone: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

List all Players in the Household: _____

PACT INFORMATION

Date PACT program was completed: _____

Location PACT program was attended: _____

Parent(s) names that attended the program: _____

Under what Association was the PACT program sponsored: _____

By signing below, I am stating that the above information regarding the completion of the PACT requirement has been fulfilled within that past 3 years.

Signature

Date

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