



**2025 HILLSBORO MEN'S 7v7 FALL SOCCER LEAGUE  
(4450 NE Century Blvd. 503-615-6530)**

**TEAM INFORMATION SHEET**

Team _____	Uniform _____
Team Representative _____	
Address _____	City _____ Zip _____
Home _____ Day _____	Other _____
Home E- _____	Work E-mail _____
Alternate Contact Person _____	
Address _____	City _____ Zip _____
Home _____ Day _____	Other _____
Home E- _____	Work E-mail _____
<p><b>Wednesday:</b>            Division 1<sup>st</sup> _____ 2<sup>nd</sup> _____ 3<sup>rd</sup> _____</p> <p><b>Friday:</b>            Division Pending on number of team* 1<sup>st</sup> _____ 2<sup>nd</sup> _____</p> <p>*Requests will be considered but team placements will be based off previous season standings.</p> <p><b>*ALL players must be 18 years of age or older.</b></p>	

For office use only

Fee paid		Receipt #		Date		Time	
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