



# California Youth Soccer Association -North Foreign Document Translation Form

Player Last Name: \_\_\_\_\_

Player First Name: \_\_\_\_\_

Player Middle Name: \_\_\_\_\_

Player Date of Birth: \_\_\_\_\_

Translator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*A copy of the foreign language birth certificate/document must accompany this form\*\***

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_  
(District Commissioner/District Registrar)