

JUKEBOX SOCCER REGISTRATION FORM

SESSION: SPRING SPR BREAK SUMMER FALL WINTER I WNTR BREAK WINTER II

PROGRAM: _____

DATES: _____

TIME: _____

AGE: U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

RETURNING PLAYERS:

PLAYER'S NAME _____ PARENT'S NAME _____

NEW REGISTRATIONS OR CHANGES:

PLAYER'S NAME _____ PARENT'S NAME _____

DATE OF BIRTH ____/____/____ DAY PHONE (____) _____

ADDRESS _____ City _____ ZIP _____

EMERGENCY CONTACT & PHONE # _____ (____) _____

CURRENT TEAM _____ POSITION _____

EMAIL _____ E-NEWSLETTER? YES NO THANKS

HOW DID YOU HEAR ABOUT US? _____

NAME OF "BRING A FRIEND" REFERRAL _____

PRINT AND MAIL TO: Jukebox Soccer, PO Box 655, Lake Zurich, IL 60047

Make Checks Payable To: Jukebox Soccer

BRING YOUR OWN BALL, CLEARLY MARKED AND PUMPED TO PRESSURE

Payment Method: Cash Check # _____

Payment Amount: _____