

100% SOCCER, INC.

SUMMER SOCCERTHON

REGISTRATION FORM

TEAM NAME:	
EVENT CODE:	
AGE GROUP YOU WISH TO ENTER IN THIS EVENT	
AGE GROUP TEAM WILL BE PLAYING THIS FALL	
TEAM GENDER:	BOYS _____ GIRLS _____
TEAM LEVEL:	INTERLEAGUE / NON TRAVEL _____ TRAVEL DIVISION _____ (PLEASE ENTER YOUR DIVISION)
COACH'S NAME:	
ADDRESS:	
CITY:	
ZIP:	
COACH'S DAY PHONE:	
EVE PHONE:	
CELL PHONE:	
FAX:	
E-MAIL:	
ALTERNATE CONTACT:	
DAY PHONE:	
EVE PHONE:	
CELL PHONE:	
E-MAIL:	
Notes:	

Registration is limited and on a first-paid basis. Returned Check Fee: \$20

PLEASE INCLUDE CHECK MADE PAYABLE TO:

100% SOCCER, INC., P.O. BOX 84, BELLPORT, NY 11713

Phone: (631) 286-2255

FAX: (631) 286-5545

www.100percentsoccer.net

e-mail: greatsoccer@optonline.net

For Office Use Only:	Ck #	Amt	DOD	