



Official Use Only
2010 Season U- _____

2010 Fall Soccer Season Registration Form

First Name: _____ Last Name: _____

Address: _____

City _____ State _____ Zip _____

Birth Date: _____ Male / Female

Email: _____

Home Phone: _____

Cell #1: _____ Cell #2: _____

School Attending in Fall: _____

Parents Names: _____

Allergies or medical problems: _____

Club and Uniform Fees

\$115 first member, \$100 each additional sibling
\$65 Uniform fee*

(*you do not need to purchase a new uniform if you have one from last year)
Payment schedule available upon request.

Parent/Guardian Signature: _____

Please mail registration form and fees to: JSC, 257 Horseshoe Road, Norristown, PA 19403

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Check # _____ Cash Amount: _____ Received By: _____

Amount Received: _____ Balance Amount: _____

Date: _____ Team played on last year 2009: U- _____