

**JEFFERSONVILLE
SOCCER CLUB**



Official Use Only

2010 Season U- _____

2010 Fall Soccer Season Junior Registration Form

First Name: _____ Last Name: _____

Address: _____

City _____

State _____ Zip _____

Birth Date: _____

Primary Email: _____

Secondary Email: _____

Home Phone: _____

Cell #1: _____ Cell #2: _____

Parents Names: _____

Please mail:

- Copy of birth certificate
- 2 wallet size photos
- Signed EPYSA Medical Release Form
- Registration Form
- Check for \$225 Made out to:

Travel Fees cover tournament fees, ICSL Travel League fees, and uniforms.

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Check # _____ Cash Amount: _____ Received By: _____

Amount Received: _____ Balance Amount: _____

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