



2010 U9-U14 Registration form

(Please Print)

Player's Name: _____ Age ____ Birth Date: ____/____/____

Parent/Guardian Name: _____

SESSION

8 Weeks

DATES

Monday **March 8 through May 4**

Spring Break will be taken off

PRICE including tax

\$115.00*

*MSM form and \$15 yearly fee must be submitted the first time you register between August 1st 2009 and July 31st 2010

Circle your preferred practice day:

AGE:

U9-U11

U12-U14

DAY:

Monday

Tuesday

Games on Friday Night

Games on Thursday Night

5:30 PM

5:30 PM

Date: _____ Parent Signature: _____

Form received by: _____ Staff