

ALABAMA SOCCER ACADEMY

2009 Winter Skills Clinic Registration Form

Registration Fee due by 11/30/09: \$135

Mail or fax to:

3670 River Bluff Drive, Tuscaloosa, AL 35406
205.345.7466 FAX

Questions?
205.345.7465
info@alabamasocceracademy.com

Player Information:

Last Name _____ First Name _____ MI _____
Address _____ City _____ State _____ Zip _____
Phone (H) _____ Phone (C) _____ Grade _____ DOB _____

Parent/Guardian/Emergency Contact Information:

Name _____ Relationship to player _____
Phone (W) _____ Phone (C) _____ Email _____
Name _____ Relationship to player _____
Phone (W) _____ Phone (C) _____ Email _____

In case of emergency and neither of the above can be reached, please call:

Name _____ Relationship to player _____ Phone _____

Payment Information:

Check Payment: Make checks payable to Alabama Soccer Academy

Credit Card: MasterCard VISA Amount: \$ _____

CC# _____ Exp. Date _____ 3-digit code: _____

Cardholder Name: _____ Signature: _____

Billing address if different than above address: _____

FOR OFFICE USE ONLY: Date: _____ Check # _____ Amount: _____ PC _____

