

Soccer Fest 2009

3v3 Registration Form

Dead line May 1st 2009

Team Name _____

Division: circle one U8G U8B U10G U10B U12G U12B U14G U14B U16G U16D U18G U18B

Contact Person /Coach _____

Email _____ Phone _____

Kids safe certificate number _____

Team:

1.Name _____ Birth Date ____/____/____ Phone _____

2.Name _____ Birth Date ____/____/____ Phone _____

3.Name _____ Birth Date ____/____/____ Phone _____

4.Name _____ Birth Date ____/____/____ Phone _____

5.Name _____ Birth Date ____/____/____ Phone _____

6. Name _____ Birth Date ____/____/____ Phone _____

RETURN REGISTRATION and Team Fee to address below:

Dave Larue. 2021 Sunset Blvd. Steubenville, OH 43592

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