



Summer Sensational Skills Clinic

July 20 -24, 2009

Monocacy Valley Church Gymnasium
9861 Old National Pike
Ijamsville, MD

Player Registration Form

Last Name: _____ First Name: _____

- Age Group: Ages 7-8 from 5:00 PM – 6:00 PM
 Ages 9-10 from 6:00 PM – 7:00 PM
 Ages 11-12 from 7:00PM – 8:00 PM

Gender: (please circle one) Boy / Girl

Date of Birth: ____/____/____

T-Shirt Size: (Circle one) YS YM YL AS AM AL

Parents Name: _____

Address:

Phone #: _____

Cell #: _____

E-Mail: _____

Please make the **\$60.00** check or money order payable to **Soccer Sensations, LLC**.
Please send to:

Soccer Sensations, LLC
11843 Vineyard Path
New Market, MD 21774

Registration includes T-Shirt, Futsal Ball and Additional Insurance through US Futsal.