

2011 ELITE SOCCER FOR BOYS

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE #: (Day)

(Evening)

EMAIL ADDRESS:

DATE OF BIRTH:

H.S. GRAD YEAR

HIGH SCHOOL:

CLUB TEAM:

POSITION:

Fee: \$425.00

Payment Method: Check # _____

or Credit Card Master Card Visa Discover American Express

Card Number:

Ex Date:

MM/YY

Print Name as it Appears on Card

Signature of cardholder

Address of cardholder if different from above

Credit card registrations may be:

faxed to 413-748-3534 or

phoned in to (413)748-5287.

Return this form with payment to:

Springfield College Business Office

263 Alden Street

Springfield, MA 01109-3797