

Sacred Heart "Sparks"

Fall 2010 3v3 Pre-K Instructional Soccer

Player's Name _____

Address: _____

Phone Number: _____ Shirt size (circle) YXS, YS, YM, YL

DOB: _____ Boy / Girl

Parents' Names (Both): _____

Phone Number: _____ Work/Cell

Email: _____

Are you willing to coach assistant parent helper

Have you completed the Protecting God's Children Class? _____

Eligibility Regulations for 2010-2011:

Child must be entering Kindergarten in Fall 2011 (DOB 8/1/05 to 7/31/06)

All Players will receive red soccer socks and uniform shirt to keep

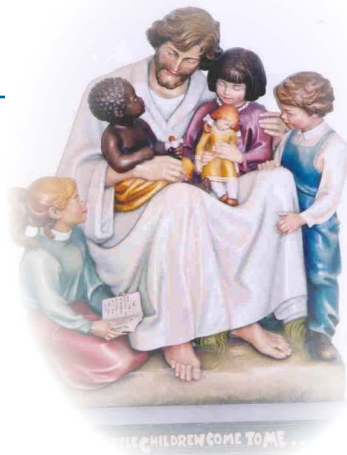
Cost: \$40 per player

Sign up before May 15th and receive a \$5 discount. (\$35)

Parent's Signature _____

Please make checks payable to "Sacred Heart School Sports"

Amount Paid: _____ Cash/Check # _____



Sacred Heart Sports Association
Association President - Tim Stewart
Soccer Coordinator - Mike Runge
100 Thompson Dr
Troy, Mo 63379

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