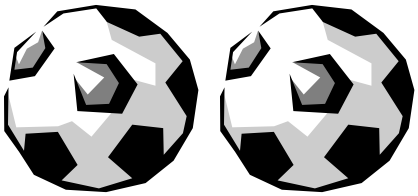
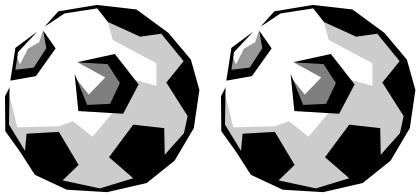


SEMINOLE YOUTH SOCCER
Fall 2010 – Registration Form
Coed – Ages 3 to 16

www.seminoleyouthsoccer.com
Phone/Fax: 407-324-5354



Child's Name _____

Sex _____ **Age as of 9/1/10** _____

Date of Birth _____ **School (If Applicable)** _____

Parent Name(s) _____

Street Address _____ **City** _____ **Zip** _____

Home Phone # _____ **Work Phone #** _____

Email Address _____

Uniform Size (please circle one):

YXS (4T-5T)	YS (6-8)	YM (10-12)	YL (14-16)	AS	AM	AL	AXL	AXXL

If your child played in the Spring 2010 season, do you want to stay with the same group of kids?

Yes **No**

List any special requests you may have. _____

Would you like to coach a team? ____ **Head Coach** ____ **Asst. Coach**

Would you like to be a team mom or dad? ____ **Mom** ____ **Dad**

Fee Calculation

***Registration Fee:**	**Single Child**	**$130**
	Multiple Children	**$125 ea.**
	Coach's Child	**$100**

***Registration Fee includes a full uniform. If you mail or fax your registration after the August 1st deadline, you must also include the $25 late fee for each child. Faxed and email forms will not be processed until the registration fee is received.**

Fee Calculation:

Number of Children _____ **x** **Registration Fee** _____ **=** _____

Number of Late Fees _____ **x** **$25** **=** _____

Total Amount of Payment **=** _____

Make Checks Payable and Send to: **Seminole Youth Soccer**
P.O. Box 953934
Lake Mary, FL 32795-3934

Registration Deadline: **August 1, 2010, must add $25 late fee after this date**
Season Dates (tentative): **Opening practice – 8/28/10 Begins – 9/11/10 Ends – 11/20/10**
Refund Policy: **No refunds**