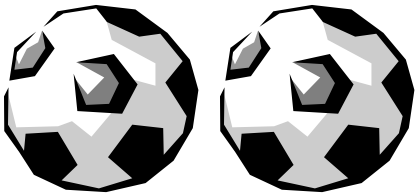
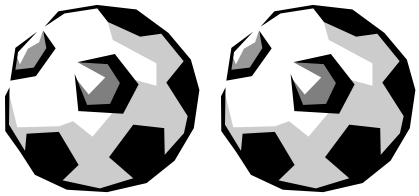


SEMINOLE YOUTH SOCCER
Spring 2010 – Registration Form
Coed – Ages 3 to 16

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



Child's Name _____

Sex _____ **Age as of 9/1/09** _____

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

If your child played in the Fall 2009 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 (no uniform)**	**$100**
	Multiple Children (no uniform)	**$ 95 ea.**
	Coach's Child (no uniform)	**$ 75**

***Registration Fee does not include a uniform. If your child is new to the league, is changing teams, has outgrown his/her uniform, or has lost his/her uniform. You must include a $25 uniform fee. If you mail your registration after the February 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 paid.**

Fee Calculation:

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

Number of Uniforms _____ **x** **$25** **=** _____

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: **February 1, 2010, must add $25 late fee after this date**
Season Dates (tentative): **Opening practice – 2/20/10 Begins – 3/6/10 Ends – 5/22/10**
Refund Policy: **No refunds**