

\star 2012 Fall Soccer For Women Registration \star

Step 1: Contact Details

Or

Returning Futbol Player

[If we have your info on record, check this box and proceed to **Step 2**]

| Name: _ | |
|--------------------|--|
| Address: _ | |
| City, State, Zip: | |
| Cell Phone: _ | |
| | |
| Work Phone: | |
| Email: | |
| | |
| Emergency Phone: _ | |
| Allergies Yes/No: | |
| Medication: | |

Step 2: Payment Details

Please select the session you are registering for:



ect the session you are registering f **\$ 50 Tuesday AM Sessions OR** Tuesdays 7:00 – 8:00 AM Sept. 4 – Nov. 6



\$ 90 Unlimited Sessions

Tuesdays 7:00 – 8:00 AM, Thursdays 9:30 – 10:30 AM and Thursdays 5:45 – 7:00 PM

\$ 50 Thursday AM Sessions Thursdays 9:30 – 10:30 AM Sept 6. – Nov. 8



\$ 50 Sunday PM Sessions

Thursdays 5:45 – 7:00 PM Sept. 6 – Nov. 8 **\$ 10 Drop-In Fee** Join the fun anytime you like!

Check #: _____ Payable to: <u>West City Soccer</u> Address: <u>PO Box # 4849, Charlottesville, VA 22905</u>

Step 3: What to Bring?

Please bring cleats, shin guards, comfortable clothing and a water bottle to every practice. If you have any questions, please give us a call. AM sessions are at **Darden Towe Park** PM Session are at **Pen Park**.

Thank you. We look forward to seeing you on the field!

PO Box # 4849, Charlottesville, VA 22905 ★ Tel: (434) 430.0378 ★ Coach@WestCitySoccer.com