

# SOCCER PALACE- Westfield

PLEASE FILL AND MAIL WITH PAYMENT TO:

Soccer Palace  
163 E. Main Street #308  
Little Falls, NJ 07424

*(If paying by CC, Fax to 973-389-8119)*

Team Name: \_\_\_\_\_  
(Child's Name if registering for camp)

Team Contact \_\_\_\_\_ (Coach or MGR)  
(Parent Name if registering for camp)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone \_\_\_\_\_ Eve \_\_\_\_\_

Email \_\_\_\_\_

Age Group \_\_\_\_\_ B, G. Team Level \_\_\_\_\_ Premier \_\_\_\_\_ Travel \_\_\_\_\_ Rec \_\_\_\_\_

League: Session 1, 2 3v3 \_\_\_\_\_ 5v5 \_\_\_\_\_ High School: Session 1, 2 \$ \_\_\_\_\_

Soccer Camp: Session 1, 2 Age \_\_\_\_\_ B, G Day \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Method of Payment: \_\_\_\_\_ AX \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Check enclosed

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_