

SOCCER PALACE

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 _____

Tournaments applying for _____ \$ _____

"Specials" (3v3, winter or grand reopening) Date: _____ \$ _____

League: Youth 1, 2, 3- High School: Session 1, 2 5v5 _____ 7v7 _____ \$ _____

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

TOTAL \$ _____

Method of Payment: _____ AX _____ Visa _____ MC _____ Check enclosed

CC# _____ Exp. Date _____

Authorized Signature _____