

JUST FOR KICKS REGISTRATION FORM 2009-2010

SESSION INFORMATION

(Please circle answers)

League Session: Mini-Fall Fall Winter Spring

League Type: Full-Field 3v3 Futsal

Competitive Level: Competitive Recreation

Gender: Boys/Male Girls/Female

Age Group: U8 U9 U10 U11 U12 U13

U14 U15 U16 U17 U18

Men's Open Men Over 30

Women's Open Women Over 30



TEAM INFORMATION

Team Name: _____

What outdoor league did you play in the Fall 2009 season (IWSL, NISL, YSSL)? _____

What age group and division did you play in? _____

Would you prefer to be in the upper or lower division if available? _____

Contact Name: _____

Address: _____ City _____ Zip _____

Home Phone: () _____ Cell: () _____

Email: _____

Completely fill out this form and include \$300 non-refundable deposit and mail/deliver to:

Just For Kicks
10200 Soccer Drive
Plainfield, IL 60585

Questions? Contact Mark at:
info@justforkicks.org
(630) 904-4505

Office Use Only

Payments:

Roster/Waiver turned in? _____