

## REGISTRATION FORM 2008/2009

Please fill form completely.

League: Mini Fall \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Check one: Competitive \_\_\_\_\_ Recreational \_\_\_\_\_ Individual \_\_\_\_\_

If signing as individual, age as of 8/01/2008 \_\_\_\_\_ DOB \_\_\_\_\_

If signing as individual and are requesting to be placed on a certain team, provide team name.

\_\_\_\_\_

Age group: Boys U \_\_\_\_\_ Girls U \_\_\_\_\_ Men's \_\_\_\_\_  
Women's \_\_\_\_\_ Coed \_\_\_\_\_

Team Name \_\_\_\_\_

Coach's Name \_\_\_\_\_

(All Coaches must be 21 years or older.)

Manager's Name \_\_\_\_\_

Outdoor league play \_\_\_\_\_ Division \_\_\_\_\_

If there are two divisions in your age group, do you prefer to play in the  
Upper \_\_\_\_\_ or Lower \_\_\_\_\_ (please check one)

Individual Name \_\_\_\_\_

(if signing up as individual for Recreational leagues or 4 v 4 only)

Contact information Coach \_\_\_\_\_ or Manager \_\_\_\_\_ (Please check one)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Mail to: Just For Kicks  
10200 Soccer Drive  
Plainfield, IL 60585

