

CATARAQUI CLIPPERS SOCCER CLUB
2010 Try-out Registration Form

TEAM NAME: _____

PERSONAL INFORMATION

Full Name: _____
Last *First*

Parent (Guardian) Name: _____ Phone: () _____

Email Address: _____

Birth Date: _____ Gender: _____
(y/m/d)

\$10.00 **Cheque** _____ **Cheque #** _____
Tryout Fee **Cash** _____

If paying with cheque please make payable to :
Cataraqui Clippers Soccer Club