



For office use only: [] Cash or Check Number _____ Date Received _____ By _____

MAGIC CITY 2010 FALL SOCCER ACADEMY REGISTRATION FORM

Please print clearly and legibly in ink and fill out completely:

PLAYER INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

E-MAIL ADDRESS _____

BIRTHDATE _____ GRADE _____ SCHOOL _____ [] MALE [] FEMALE

REGISTERED WITH MAGIC FOR SPRING, 2011 (required)? [] YES [] NO

I give permission for the above child to participate in the 2010 Fall Academy and have registered for a 2011 Magic soccer program.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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Magic City Soccer 2010 Fall Academy (Non-League)

Dates: September 13 – October 20, 2010 (Parent meeting on September 13 at 5:00 p.m. at the concession stand.)

12 sessions, Mondays (technical sessions) and Wednesdays (small-sided games)
5:30 p.m. – 7:00 p.m.

Place: Amend Park

For: U8 to U14 boys and girls (**Player must be registered for Magic Micro or competitive soccer for spring 2011 so as to be covered by state liability insurance.**)

Fee: \$75

Sign-up: Please download a registration form online at magiccitysoccer.net, complete, and return the form with a check to the office **by September 8, 2010.**

**Magic City Soccer Club
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P.O. Box 22522
Billings, MT 59104
(406) 294-9480 Website: magiccitysoccer.net**