



2011 Spring Soccer Registration Form



School/Team/Organization Name: _____

Billing Address, City, Zip: _____

Main Team Contact: _____ / Number (_____) _____

Main Team Contact Email: _____

Billing Contact: _____ / Number (_____) _____

Coach & Team Information

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

THIS PORTION BELOW IS FOR SCHOOL/INDEPENDENT TEAMS ONLY

Age Division	# of Teams	Jersey Color Request	Pricing	Sub-Total
Under-6			x *\$225/\$300	
Under-8			x *\$325/\$400	
Under-10 Girls			x *\$425/\$550	
Under-10 Co-Ed			x *\$425/\$550	
Under-12 Girls			x *\$525/\$650	
Under-12 Co-Ed			x *\$525/\$650	
Under-14			x *\$625/\$750	
Under-19			x *\$625/\$750	

* First price is without uniforms. Second price is with uniforms.

SPRING SOCCER GRAND TOTAL: _____

Return this form by email or fax by **February 28th** to Dana Cooper. An invoice will be sent.

111 West Willis, Detroit, 48201 – Phone 313-833-1600 – Fax 313-833-1616 – danacooper@thinkdetroitpal.org

For Office Use Only:

Invoice?

Initials/Date: _____