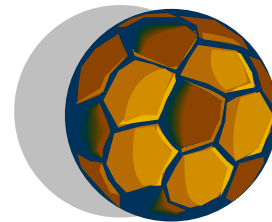


Down Syndrome Association of Jacksonville 2009/2010 Soccer Team Registration Form



Soccer Player's Name: _____

Age: _____

Mom's Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

(Only complete if you do not have an e-mail address.)

Street Address: _____

City, State and Zip: _____

Dad's Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

(only complete if you do **not** have an e-mail address)

Street Address: _____

City, State and Zip: _____

Only complete the following if your child has not previously received a uniform.

Uniform:	Youth			Adult				
SHIRT (circle one):	S	M	L	S	M	L	XL	XXL
SHORTS (circle one):	S	M	L	S	M	L	XL	XXL