



# INDOOR SOCCER WINTER 2009



**SUNDAYS AT HIGH SCHOOL  
JAN 25<sup>TH</sup> THROUGH MARCH 8<sup>TH</sup>  
9:00AM - 3:00PM**

(EACH TEAM WILL HAVE AN HOUR TO AN HOUR AND HALF EACH SUNDAY)

<u>Registration Fee</u>	
Indoor Soccer (all ages)	\$25

Please register with your Coach.  
Any questions, please e-mail us at: [Sbrb423@aol.com](mailto:Sbrb423@aol.com)  
[www.kenilworthsoccerclub.com](http://www.kenilworthsoccerclub.com)

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## PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Date of Birth:      /      /      Current Grade: \_\_\_\_\_ School: \_\_\_\_\_  
M D Y IN SEASON REGISTERING

League Preference: Recreation \_\_\_\_\_ Intercounty \_\_\_\_\_ Traveling \_\_\_\_\_

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## PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail addresses (print clearly): \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian