

WESTCITY SOCCER

≡ personalized coaching and training ≡



Registration



Step 1: Contact Details

Or

Returning Futbol Player

[If we have your info on record,
check this box and proceed to **Step 2**]

Name: _____
Address: _____
City, State, Zip: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____
Emergency Contact: _____
Emergency Phone: _____
Allergies Yes/No: _____
Medication: _____

Step 2: Payment Details: \$100 per player per program. Sibling discount \$90 per additional child. Please fill in the program you are registering for:

Program Name: _____ Day of the Week: _____

Names of additional players: _____

\$10 Drop-In Fee – 1 session

Join the fun anytime you like!

Check #: _____

Payable to: West City Soccer

Address: PO Box # 4849, Charlottesville, VA 22905

We look forward to seeing you on the field!

PO Box # 4849, Charlottesville, VA 22905 ★ Tel: (434) 430.0378 ★ Coach@WestCitySoccer.com
