



SHUSWAP FC 2008 INDOOR SOCCER REGISTRATION

**SALMON ARM SAVINGS & CREDIT UNION
MEMORIAL SPORTS COMPLEX**

REGISTRATION FEES	<i>Registration deadline is September 14</i>
Born in the year:	<i>Indoor Season: October 6- December 19</i>
1999-2003..... U5-U9 \$50.00	
1998-1990..... U10-U18..... \$80.00	
Family Rate..... \$180.00	

- ☉ Make cheques or money orders payable to **Shuswap Youth Soccer (NO CASH WILL BE ACCEPTED!)**
- ☉ Please mail registration form(s) and fees to **Box 173, Salmon Arm, BC V1E 4N3**

SCHEDULE - (October 6-December 19)

Time / Day	Mon.	Tues.	Wed.	Thurs.	Fri.
3:00- 4:00 p.m.					U5 Boys/Girls
4:00 - 5:00 p.m.	U11/10 Girls	U13/12 Boys	U11/10 Boys	U14/13/12 Girls	U7/6 Boys
5:00 - 6:00 p.m.	U9/8 Boys	U13/12 Boys	U11/10 Boys	U14/13/12 Girls	U7/6 Girls
6:00 - 7:00 p.m.	U18/17/16 Boys		U18-15 Girls		U9/8 Girls
7:00 - 8:00 p.m.		U15/14 Boys	U18-15 Girls		
8:00-9:00		U15/14 Boys			

(Due to limited availability, applications will be processed on a first-come first-served basis.)

For more information regarding registration please call 833-5607

Visit our web page at www.shuswapsoccer.com or email us at admin@shuswapsoccer.com

Please provide your email address and we will send you info about clinics, schedules, changes, etc.

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Shuswap Youth Soccer Fall Registration Form			
Player's Name:		Parents/Guardians' Names:	
Address:			
Phone No.:		Email:	
Date of Birth: MM/DD/YYYY		Gender:	School:
Family Dr.:		Emergency Contact:	
I hereby give my approval for _____ to take part in Shuswap Youth Soccer. (child's name)			
I give my approval for my child's photo to appear on the Shuswap FC Web page: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature:		Relationship to child:	Date: