



**Levittown Soccer Club
Spring 2012 U9, U10, U11, U12 Foot Skills Clinic
Saturdays at Wisdom Lane School**

Child's Name: _____ Date of Birth: _____

Parent (Guardian) Name: _____

Home Phone Number: _____

Email Address: _____

Emergency Contact: _____

Child's Shirt Size

____ YS ____ YM ____ YL ____ YXL

Preferred Session ____ 11-NOON ____ NOON – 1 PM

Please send this completed form along with the \$50 registration fee payable to:

Levittown Soccer Club

PO Box 325

Levittown, NY 11756

*This clinic is for U9 through U12 only. Players in other age groups will not be considered for participation.

For Office Use

Check # _____ Date received: _____ Confirmation: _____