

Entry Fee - \$550 deadline 6/10/11  
 \$500 if paid before 6/3/11

# High School 7 vs. 7 Summer Soccer League

## Team Registration Form

Office Use Only
Payment Amount _____
Check Number _____
Date Received _____

Team Name \_\_\_\_\_ School \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Parent Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

R O S T E R		PLAYERS NAME	ADDRESS	CITY	ZIP	GRADE	SCHOOL	PHONE	
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
13									

**All Registrations are due by Friday, June 10<sup>th</sup>, 2011 by 1:00 p.m.**

Mail or drop-off registration with entry fee to: FUSION/PCSL Soccer Office at 705 East Lincoln, Suite 113, Normal, IL 61761  
 Office hours: Tuesday & Thursday 9am-1pm Make all checks payable to Illinois Fusion