

Women's Soccer League Macon Soccer Club Registration Fall 2010

Name: _____

Address: _____

Emails: _____

Home Phone: () -

Cell Phone: () -

Position you would like to play: _____

Rate your playing ability: 1 2 3 4 5 6 7 8 9 10

1 = Never played before, I am not athletic and I am way out of shape
10 = I am the best of the best and should be playing professional soccer

Request:

Fees:

\$80 for the season

***If you already have a reversible red and white shirt and plan to use it again, please deduct \$15 ***

Season:

August 1st - October 11th

7 v 7 format all games at Macon Soccer Club. (www.MaconSoccerClub.org)

Mail checks & top portion of form to:

Macon Soccer Club

PO BOX 7933

Macon, Ga. 31209

For questions, please contact DeAnna Yates at 478-714-5616 or deanna@commercial-furnishings.com