

CGSA HS REC LEAGUE FALL 2010

Coastal Georgia Soccer Association

2010 High School Recreation Fall League Registration



Player Name _____

Gender _____ High School _____

Date of Birth _____

Address _____

City _____ Zip Code _____

Requested Team _____

Parent/Guardian _____

Parent Contact Phone Number _____

Emergency Contact _____

Emergency Contact Phone Number _____

Payment

Credit Card Visa Mastercard

Name on Card _____

CC Number _____

Expiration Date _____ 3-digit Security _____

Phone: 912-691-2472
Fax: 912-691-1632
E-mail: DANTEDC@GMAIL.COM
www.cgsasoccer.org

CGSA
704 Mall Blvd. Suite B
Savannah, GA 31406