



CGSA U6-U8 SOCCER SKILLS CAMP Registration Form

Player Name/ Team Name _____

Birthdate: _____

Home Phone: _____

Mother's CELL Number: _____

Father's Name: _____

Father's CELL Number: _____

E-mail Address: _____

JUNE 19TH THRU JUNE 23rd
9:00am – 10:30am

MAKE CHECKS PAYABLE TO GARY WRIGHT
COST- \$75.00