



2014 Spring Soccer Registration Form

School/Team/Organization Name: _____

Billing Address, City, Zip: _____

Main Team Contact: _____ / Number (_____) _____

Main Team Contact Email: _____

Billing Contact: _____ / Number (_____) _____

Coach & Team Information

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

Coach Name: _____ / Number: (_____) _____

Division: (U____) / Email: _____

THIS PORTION BELOW IS FOR SCHOOL/INDEPENDENT TEAMS ONLY

Age Division	# of Teams	Jersey Color Request	Pricing	Sub-Total
Under-6			x *\$275/\$350	
Under-8			x *\$375/\$450	
Under-10			x *\$475/\$600	
Under-12			x *\$575/\$700	
Under-14			x *\$675/\$800	
Under-19			x *\$675/\$800	

* First price is without uniforms. Second price is with uniforms.

SPRING SOCCER GRAND TOTAL: _____

Return this form by email or fax by **March 22, 2014** to Rachel Schultz. An invoice will be sent.
111 West Willis, Detroit, 48201 – Phone 313-833-1600 – Fax 313-833-1616 – rschultz@detroitpal.org

For Office Use Only:

Invoice?

Initials/Date: _____