



**GLEN ROCK SHOOTING STARS
ACADEMY PROGRAM REGISTRATION FORM
For Players with Birthdates 8/1/03-7/31/04**

Player First Name: _____

Player Last Name: _____

Player Birth Date: _____
(Month/Day/Year)

Male/Female _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Previous Soccer Experience:

Parent's First Name: _____

Parent's Last Name: _____

Phone Number: _____

Email Address: _____

Please write very clearly in block letters

Registration Info.:

- \$100 non-refundable deposit due by July 31st, 2010 to secure spot
- Make all checks payable to **Glen Rock Shooting Stars Academy**
- **Mail check, Registration form & Medical Release Form** to Tom Callahan,
Glen Rock Shooting Stars, 477 Rock Road, Glen Rock, NJ 07452