Soccer Camp 2019 Registration Form

| One form per family Name(s) and age(s) | | _ |
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| Street address: | | |
| City: | Province: | _ Postal Code: |
| Home Phone: | Cell Ph | one: |
| Email address: | | |
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| Home Church (if any): | | |
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| | | l at St. Paul's Presbyterian in a |
| slideshow highlighting this year your child's name attached to their image | | We only take group photos, we do not post |
| □Yes, I consent □No, I do | - | lages of their faces offinie.) |
| Are you interested in going to | see a Whitecaps vs. | New York game on Saturday, |
| August 31 2019 at 7:30pm at E | 3C Place? (Tickets are | \$25 each; we can provide transportation |
| for up to 15 with a Youth Unlimited va | | |
| \square Yes, I'm interested! \square No, | thanks | |