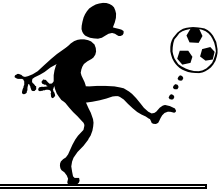




# 2008 CYO Soccer Registration Form

Peace of Christ Parish

St. Ambrose ~ St. James ~ St. John the Evangelist



**Registration Fee: \$45.00 per player**  
Fees help to cover jerseys, socks, league fees, tournaments & awards

We will have one boys team and one girls team participating in the CYO 5/6 league. We will continue to have a co-ed team at the 3/4 grade level.

Teams are forming now for the Fall Season which runs September-October. The teams will be filled on a first come basis. The 5/6 grade teams will play twice a week, one game during the week (TBD) after school and the other on Saturday. The 3/4 grade league will play one game a week.

In order to reserve a spot for fall soccer, please return the slip below as soon as possible. Full Payment for the season is required at the time of registration. Health forms will be handed out at the first practice and will be due at the second practice. If you later choose not to participate, your money will be refunded.

**Please return this form COMPLETELY FILLED OUT to the parish office  
No later than August 1, 2008 attn.: Alison LeChase**

Player's Name \_\_\_\_\_ Incoming Grade \_\_\_\_\_ Uniform Size \_\_\_\_\_

Player's Name \_\_\_\_\_ Incoming Grade \_\_\_\_\_ Uniform Size \_\_\_\_\_

Player's Name \_\_\_\_\_ Incoming Grade \_\_\_\_\_ Uniform Size \_\_\_\_\_

Player's Name \_\_\_\_\_ Incoming Grade \_\_\_\_\_ Uniform Size \_\_\_\_\_

School(s) \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian/Name \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

**Please make all checks payable to  
Peace of Christ Parish with CYO Soccer in the memo line**

**For Office Use Only**

Cash _____	Check _____	Amount _____	Check Number _____	Copy of check Made Y or N
3/4 Coed _____	5/6 Boys _____	5/6 Girls _____		
Date Entered _____			Note: _____	