



# GOLDEN VALLEY PHOENIX SOCCER CLUB COMPETITIVE SOCCER REGISTRATION SPRING/SUMMER 2010

**CLUB MUST RECEIVE REGISTRATION BY January 31, 2010**

Late and incomplete will be accommodated on a first come first served basis

**PLEASE RETURN REGISTRATION FORM AND PAYMENT TO:**

**PREFERRED: 8525 Fairview Ave North, New Hope, MN 55428**

**Brookview Community Center, 200 Brookview Pkwy, Golden Valley, MN 55426**

**or if a returning Player, contact your Competitive Team Coach / Manager**

**Player Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (2009-2010): \_\_\_\_\_ Gender: M / F  
(First) (Last) (MI) (Circle One)

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Primary Email: \_\_\_\_\_

I am: \_\_\_ Current Recreational Player \_\_\_ Current Competitive Team : \_\_\_\_\_) \_\_\_ New to Soccer/Club

**Parent/Guardian information:**

Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Father/Guardian 1 Work phone email

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address (if different from above) Cell phone

Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Mother/Guardian 2 Work phone email

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Address (if different from above) Cell phone

**Please register my child for the following team (date of birth must be before the end of the date range for the selected level - check one):**

Age Level	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18
<b>Birth date</b>	8/1/00 – 7/31/01	8/1/99 – 7/31/00	8/1/98 – 7/31/99	8/1/97 – 7/31/98	8/1/96 – 7/31/97	8/1/95 – 7/31/96	8/1/94 – 7/31/95	8/1/93 – 7/31/94	8/1/92 – 7/31/93	8/1/91 – 7/31/92
<b>Gender</b>	Boys	Boys	Boys	Boys	Boys	Boys	Boys	Boys	Boys	Boys
	Girls	Girls	Girls	Girls	Girls	Girls	Girls	Girls	Girls	Girls
<b>Fee</b>	\$205**	\$205**	\$315**	\$315**	\$365**	\$365**	\$365**	\$390**	\$390**	\$390**

**FEES:** Fees include the cost of attending up to 1 tournaments but not the cost of the uniform. Full payment of the registration fee payable to GV PHOENIX SOCCER must be included with registration. Your canceled check will be the only confirmation of receipt. ***New players to the club must submit a copy of their birth certificate with registration or the registration will be returned.***

**\*\*Uniform fee of \$85 is additional and must be included if competitive player is new to Phoenix Soccer.**

Uniform Size – **Youth:** Medium \_\_\_ Large \_\_\_ XL \_\_\_ **Adult:** Small \_\_\_ Medium \_\_\_ Large \_\_\_

Full refund will be made if the Club cannot place the player on an age/gender-appropriate team. No other refunds will be made except in cases of extreme hardship, and then only at the discretion of the Club. **SCHOLARSHIP PROGRAM:** Scholarships are available for players in need of financial assistance. Confidential inquiries may be made directly to the Competitive Vice President Rich Fromstein at: [rastr01@comcast.net](mailto:rastr01@comcast.net). Visit our website at [www.gvphoenixsoccer.org](http://www.gvphoenixsoccer.org) or call 763-545-0550 for more information.

**REGISTRATION DEADLINE IS JANUARY 31, 2010**

