

Youth Soccer League

Spring 2017

BOYS & GIRLS GRADES Pre-K—8th

Early Registration:

\$40 for Kindergarten—8th Grade

\$25 for Pre-K

December 15—January 31

After January 31:

\$10.00 late fee will be applied

FINAL Deadline:

February 3, 2017

Anyone registered after February 3 is not guaranteed a jersey when games start.



Presenting Sponsor:



For more information about the league, contact Tessa Bollinger at (573) 339-6736 or tbollinger@cityofcape.org. Online registration available at www.cityofcape.org/parks
Please make checks payable to "City of Cape Girardeau"

Registration Form & Entry Fee may be delivered to either of the following:

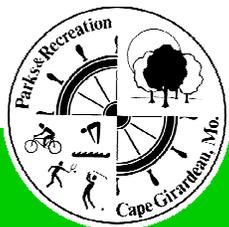
Osage Centre: Mon.—Thurs. 5:00AM – 10:00PM, Fri. 5:00AM – 6:00PM, Sat. 9:00AM – 4:00PM, or Sun. 12:00PM-9:00PM

A.C. Brase Arena: Mon.—Fri. 8:00 AM–5:00 PM

OR mail to:

410 Kiwanis Dr.

Cape Girardeau, MO 63701



CITY of CAPE GIRARDEAU
PARKS & RECREATION DEPARTMENT

573-339-6340

www.cityofcapegirardeau.org/soccer
tbollinger@cityofcape.org





Age: Pre-K through 8th grade (must be 4 years of age by March 1st)
Games: Pre-K plays 5 total games on Saturday mornings (Tentative dates: March 11, 18, 25, April 1 & 8)
K-8 plays 8 total games on Tuesdays, Wednesdays, and Thursdays evenings, as well as on Saturday mornings over a 5-6 week season

Important Dates: Coaches' Meeting/Draft (1st/2nd Grade Boys and Girls, 3rd/4th Grade Boys and Girls, 5th/6th Grade Coed and 7th/8th Grade Coed divisions will draft): **Wednesday, February 15 at 6:00 PM** at the Osage Centre.

Tentative start date: March 7, 2016

Entry Fee: Pre - K \$25.00 and Kindergarten - 8th \$40.00

*Players return their jersey after the fall season; they keep their jersey after the spring season.



Players Form

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Primary Number: _____ Secondary Number: _____
Do you receive text messages? (please circle) yes no
Texting Number: _____ Cell Phone Provider: _____
E-Mail: _____ Date of Birth: _____ Age: _____ Gender: Male Female
Shirt Size (circle one): YS (5-8) YM (10-12) YL (14-16) AS AM AL AXL
Grade (circle one): Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th
Parents Name (Print): _____ Date: _____

Coaches Form

Name: _____ Player's Name: _____ Grade: _____
Address: _____ City/State/Zip: _____
Cell: _____ Home Phone: _____ Email: _____
Coaching (circle one): Head Assistant Either Shirt Size (circle one): AS AM AL AXL 2XL 3XL

Head Coach

Do you have an assistant? Circle one: Yes No If yes, please list their name: _____
A mandatory background check will be completed on every coach.

Assistant Coach

Do you have a head coach? Circle one: Yes No If yes, please list their name: _____

Sponsorship

Are you interested in being a league sponsor? ___ Yes ___ No Business Name & Number: _____