



# Niagara PAL Summer Soccer 2011



**LOCATION:**  
**Niagara Falls High School Athletic Fields**  
**Entrance from Pine Avenue**

Name \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in years \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Playing experience if any (number of years) \_\_\_\_ What program? \_\_\_\_\_

Parent's Name \_\_\_\_\_

My Son/Daughter \_\_\_\_\_ has my permission to participate in the  
Niagara PAL Summer Soccer Program.

\_\_\_\_\_  
Signature of parent/guardian

Fee - \$25.00 per player; \$40 for 2 players; (\$10 each additional player of 3 or more).

Date \_\_\_\_\_

**Please Complete Separate forms for each player.**  
*(Additional forms and information available at [www.niagarapal.com](http://www.niagarapal.com))*

**Season begins Tuesday, July 5, 2010—**  
**Check Age Group Schedule in Brochure or online ([www.niagarapal.com](http://www.niagarapal.com)) for report times.**

Mail to: Niagara PAL Soccer Club  
4455 Porter Road  
Niagara Falls, NY 14305  
*(Forms received after June 18, 2011 may be placed on a wait list.)*  
**\*\*\*\*\* Make Check out to NPALSC \*\*\*\*\***