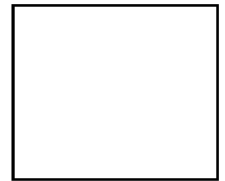




Niagara PAL Summer Soccer 2010



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)

Season begins Tuesday, July 6, 2010—
Check Age Group Schedule in Brochure or online (www.niagarapal.com) for report times.

Mail to: Niagara PAL Soccer Club
4455 Porter Road
Niagara Falls, NY 14305

(Forms received after June 15, 2010 may be placed on a wait list.)

***** Make Check out to NPALSC *****