



**GLEN ROCK SHOOTING STARS
SPRING 2012
ACADEMY PROGRAM REGISTRATION FORM
(DOB between 8/1/04 - 7/31/06)**

Player First Name: _____

Player Last Name: _____

Player Birth Date: _____
(Month/Day/Year)

Male/Female _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Previous Soccer Experience:

Previous Academy Programs

Other:

Parent's First Name: _____

Parent's Last Name: _____

Phone Number: _____

Email Address: _____

Please write very clearly in block letters

Fee is \$249.00. PLEASE MAKE CHECKS OUT TO "GLEN ROCK SHOOTING STARS" and send to 233 Rock Road, P.O. Box #358, Glen Rock, NJ 07452 along with forms.