



2010 Youth Program Registration

Name of participant _____
Age ____ Gender _____ Date of birth: _____
Zip _____ Phone _____
Email _____
Name of guardian _____

Please select one of the following

Program:

- Kinderkicks _____
- Turf Tykes _____

Class Information

Session Dates: _____

Session Day/Time: _____

Cost: \$40 per session

Parent Signature _____ **Date** _____

Please include payment with registration. Total payment included ____

Send Registrations to
Soccer World

Attn: Kevin Lowery
380 Woodlake Dr. SE
Rochester, MN 55904

Refunds and Cancellations

Full Refunds will be given if medical conditions (confirmed by a doctor's note) prevent participation. For cancellations, a 50 % refund is granted to participants who cancel out of the session for any other reason than a medical one. No refund is given for cancellations after the first day of each session.

Credit Card Payment Option (Circle One): Visa MasterCard

Card Number: _____ Exp: _____ Mailing Zip Code: _____