## SSO Travel Registration Form ONLY COMPLETE ONE FORM PER FAMILY PAYMENT IS DUE BY July 3rd, 2015



Player's Name Last, First	Date of Birth (mm/dd/yy)		Age Group	Team (I, II, III or IV)	Boy/Girl (circle one)
		U	J <b>-</b>		Boy / Girl
		U	J <b>-</b>		Boy / Girl
		U	J <b>-</b>		Boy / Girl
		U	J <b>-</b>		Boy / Girl
Street Address		City, Stat	te		Zip code
	1	Strongs	ville, OH		44136/44149
Home Phone Number		Cell Phone			
E-mail		Parent's names			

Fee	Cost	Amount (Complete appropriate amount)
Registration (Fall & Spring @ \$100 each) & Participation in Player Development Academy	\$200 per child *less \$75 tryout registration fee per child	
Reverse Raffle Tickets: (One pair per family)	\$80 per family	\$80
	TOTAL DUE	

## **Please remember:**

- 1) Return SSO Travel Registration Form, payment, league registration forms and copy of child's birth certificate to 19876 Benwood Ct. Strongsville OH 44149. *Do not mail in the medical release forms*. These will be collected by your Coach/Team Manager
- 2) If the SSO registration form and payment are not received by Friday, July 3rd, 2015, the organization will assume you have decided not to participate and your child's roster spot will be assigned to another child.

NOTE: If there is a financial hardship which makes payment a burden please call Tim Lewandowski at (440) 840-7215 to discuss the situation. All information will be kept confidential.

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We are proud that our soccer program i	s run entirely by volunteers. We need the support
and involve	ement of our parents.
I would like to volunteer:	NAME
work on a committee	_work with Adidas showcase (July)
work on fundraising	other
work	in concession stand