Please **indicate with a check mark** which Community Association's soccer program you are registering for:

☐ Albert Park Community Assoc. ☐ Lakeview Community Assoc. ☐ Whitmore Park Community Assoc.
☐ Whitmore Park Community Assoc. ☐ Hillsdale Community Assoc.

Community Association Family Membership # _____ *(memberships expire August 31 annually)*

OR Purchase a family membership for: **$**_____5.00

Player's Name _____
(Family) (Given name)

Gender (circle one): Male Female Birth Date: _____
(Day, Month, Year)

Age group _____ School _____
(refer to blurb on Outdoor Community Soccer, which includes age groups)

Shirt Size _____
(ys,ym,yl,as,am,al,axl)

Program Cost $_____
(refer to blurb on Outdoor Community Soccer, which includes pricing)

TOTAL Due: $ _____

Parent's Name _____
(Family Name) (Given name)

Address_____

Postal Code _____ Phone #'s _____

E-mail _____

VOLUNTEERS PLEASE!

☐ Coach ☐ Equipment team ☐ Wind-up

Coach shirt size _____

Please PRINT, complete, and mail to: Outdoor Community Soccer, P.O. Box 37101 Landmark Postal Station, Regina, SK, S4S 7G7
Please enclose a **cheque** payable to the Community Association which you registered your child(ren) in.

*** * * * * DEADLINE to receive mail-in registration forms: March 10, 2008 * * * * ***

NOTE: If you require a receipt, please send a self-addressed, stamped envelope with your registration.

NOTE: If you are looking for Financial Assistance, please contact Kidsport at 775-3433.