



GLSA Soccer Academy Program Registration Form

Name: _____

Address: _____ City _____ Zip Code _____

Phone: _____ Birthday: __/__/__ Age: _____

Grade: _____ Gender: _____ Email Address _____ (MUST COMPLETE)

School: _____

I agree to submit a signed medical release _____

Parent Signature

Program Title	Time	Day	T-shirt Size	Fee

Make checks payable to the Greater Libertyville Soccer Association

Check #: _____ OR Credit Card Payment (MasterCard or Visa ONLY)

Account Number _____ Cardholder Name _____

Exp Date ____/____/____ Charge Amount \$ _____

Authorized Signature _____

Registration forms for GLSA clinics and programs can be found
on the GLSA website, www.glsa.org or at the GLSA office,
1860 W. Winchester Rd., Suite 204, Libertyville, IL 60048.

Please contact Gina Wessel for more information or questions

847/367-1035 x101

FAX 847/362-7259