

**Power Zone Team Registration Form**

(To be completed by team parent contact)

	Name	Age as of 4/31/07	ph#	Email address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

- Two team adult contacts: Name and Phone # and Email

- \_\_\_\_\_

- \_\_\_\_\_

**\*\*\* MAKE Checks PAYABLE  
TO: Capital District Soccer Center**