



NYSWYSA CENTER OF EXCELLENCE REGISTRATION FORM

Please note: PLACES WILL BE ALLOCATED ON A FIRST COME FIRST SERVED BASIS TO THE FIRST 25 APPLICANTS PER AGE GROUP AND GENDER.

NO AGE GROUP PLAY UPS. PLAYERS MUST PARTICIPATE IN THEIR CORRECT AGE GROUP.

NO EXEPTIONS.

Name: _____

Age group[Circle]: Girls U9, U10, U11 Boys: U9, U10 U11

Date of birth: _____

Address: _____

City: _____ **Zip:** _____

Phone #: _____ **Email:** _____

Day time Contact #: _____

Center of Excellence Location: _____

I have read and fully understand and agree to the terms and conditions of our child's participation in the Center of Excellence program. I am enclosing a check for \$100.00 made payable to New York State West Youth Soccer.

Parent or Guardian Signature: _____.

Should your registration arrive after the applied for age group is full, your check will be returned immediately.

Applications must be received before Friday August 31, 2001.

Print and return completed form with check to:

New York State West Youth Soccer
41 Riverside Dr,
PO Box 1247,
Corning NY 14830

Check MUST be made payable to "New York State West Youth Soccer Association".