

CENTER OF EXCELLENCE SUMMER TRAINING SCHOOLS

| | | | | | | |
|--|--|-------|----------------------|----------------------|----|--|
| NAME | | | | AGE GROUP | U- | |
| ADDRESS | | | | | | |
| CITY | | STATE | | ZIP | | |
| EMAIL (PRINT) | | | | | | |
| CURRENT TEAM/CLUB | | | PREVIOUS TEAMS/CLUBS | | | |
| LEAGUE/LEVEL (EXAMPLE; ODP, MAPS, JAGS, REGION 1) | | | | YEARS PLAYING SOCCER | | |
| ARE YOU CURRENTLY TRAINED BY A JERSEY UNITED TRAINER? IF YES, WHO? | | | | | | |
| DO YOU PARTICIPATE IN ANY CURRENT JERSEY UNITED TRAINING PROGRAMS, IF SO, PLEASE TICK ALL THAT APPLY | <input type="checkbox"/> GET THE EDGE WINTER <input type="checkbox"/> SUMMER SELECT <input type="checkbox"/> CENTER OF EXCELLENCE (SPRING) '08 <input type="checkbox"/> JERSEY UNITED CLUB TEAM <input type="checkbox"/> 1 on 1 PRIVATE TRAINING | | | | | |

PLEASE NOTE:

THIS IS ONLY A PRE-REGISTRATION FORM. NO PAYMENT SHOULD BE MAILED WITH THIS FORM. PRE-REGISTRATION CANNOT BE COMPLETED UNTIL THIS FORM HAS BEEN MAILED TO THE CENTER OF EXCELLENCE

MANAGER:

LEE POLLARD

320 ESSEX STREET, SUITE 3

STIRLING, NEW JERSEY

07980

WWW.JERSEYUNITED.COM
 INFO@JERSEYUNITED.COM
 PHONE: 1.877.244.2824
 ACHIEVE YOUR GOALS