

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:

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 ACHIEVE YOUR GOALS