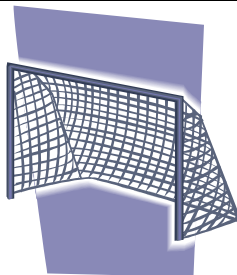


# 2015 FALL SOCCER



**BOYS & GIRLS CLUBS**  
OF SNOHOMISH COUNTY  
ALDERWOOD UNIT

**Alderwood Boys & Girls Club**  
19719 24th Ave. W. #10  
Lynnwood, WA 98036  
425-774-3022  
www.bgsc.org



**Registration:** Monday June 1st - Friday September 18th.

**Cost:**

4 & 5 year old clinic	\$75
Kindergarten/1st grade	\$110
2nd-6th grade	\$120

**Practices:** All practice will start no later than the week of September 21st. All practices will be held within the Edmonds School District. K-1st will receive 1 hour of practice per week, 2nd-6th will receive 2 hours per week. Coaches will contact players with practice information.

**Games:** K-6th will receive an 8 game season with 7 games on Saturdays and 1 Sunday game. All games begin October 3rd. Our kick off jamboree will take place on Saturday September 26th.

**Sponsorship:** Our goal is to attain a sponsor for all of our sports teams. Sponsorships Range from \$250-\$1,000. Teams with paid sponsorship may sign up for practice on a first come, first serve basis and may begin practice the week of September 14th.

**\*\*\*Coaching:** We are always in need of coaches! If you are interested, please circle below!

## 2015 Fall Soccer Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Grade Level '15-'16: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

E-mail: \_\_\_\_\_ Coaches name: \_\_\_\_\_

Shirt size: YS YM YL YXL AS AM AL AXL AXXL

My child would like to play with the following friend (not guaranteed): \_\_\_\_\_

I would like to help my child's team by: **Coaching** **Finding a Sponsor**

\*\*\*For official use only: Payment amount: \_\_\_\_\_ Receipt number: \_\_\_\_\_

"The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material"