



## BARRINGTON SOCCER CLUB FALL 2008 REGISTRATION

**There will be no in Person registration this year. Please complete this form and mail it with the Registration Fees to the address below.**

**For further information check out our website at [www.barringtonsoccerclub.com](http://www.barringtonsoccerclub.com)**  
Please complete this form and mail to the following address:

**Barrington Soccer Club  
P.O. Box 125  
Barrington, NJ 08007**

<b>Please Print</b>			
_____	_____	_____	_____
First Name	Last Name	Age	Birthday (mo/day /yr)
_____	_____	_____	_____
Street Address	Town	Zip Code	
_____	_____	_____	
_____	_____		
Telephone	Email Address		
_____	_____		
_____	_____		
Health Insurance Provider	Policy Number		
_____	_____		
_____	_____		
Name of Person to Contact In Emergency	Emergency Contact Phone Number		

### **REGISTRATION FEES**

<b>Recreational Player</b>			
\$ 75.00 Clinic- Ages 5-6 _____	\$ 85.00 Ages 8, 9& 10 _____	Family Plan \$ 275.00 _____	
<b>Travel Team Player</b>			
Travel Team Player- \$ 120.00 _____	Boys _____	Girls _____	
Age of player on August 1, 2008- _____ years old			
Will your son or daughter be returning to the same travel team ? ____ Yes ____ No			

Note: Travel team player selection may be based on a team tryout. Registering your child and town residency does not necessarily constitute acceptance on to a travel team.

No travel registration fees will be refunded once your son/daughter has been registered wit NJ Youth Soccer  
**All Registrations after August 1, 2006 will be charged a \$ 15.00 late registration fee.**

Amount Paid \$

CK#

Accepted By: