

REGISTRATION FORM - YALE WOMEN'S SOCCER CLINIC

Name: _____

Address: _____

Phone #: _____

High School and year of graduation _____

Position: _____

Club team: _____

Email address: _____

of people attending: _____

Names of other people attending (Excluding prospect):

\$150 CLINIC FEE

(Please make checks payable to: Summertime Sports)

Please complete the registration information and return it to:

Yale W. Soccer - Attn: Todd Plourde

20 Tower Parkway

New Haven, CT 06511



Return this form and payment to reserve your spot. Last year sold out and we had to turn people away.

I look forward to hearing back from you. Feel free to call with any questions 203-650-2771.

Sincerely,

Todd Plourde
Asst. Soccer Coach
Yale University
phone: 203.650.2771
fax: 203.432.7772
email: todd.plourde@yale.edu