



## SOCCER CAMP REGISTRATION 2024

Phone: 214.232.2617 or 214.707.8027

E-mail: tonyfalcon16@yahoo.com

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender ☐ F ☐ M

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**REGISTRATION DESCRIPTION OPTIONS FOR: Thanksgiving Clinic - November 23<sup>rd</sup> – November 26<sup>th</sup>**

**Glencoe Park- 5300 Martel Ave. Dallas TX 75206**

	Check (X)	Amount
Open registration October 28, 2024		\$175
	TOTAL	

Method of Payment:	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Zelle
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**(Make Checks payable to Tony Falcon- for Zelle (214.707.8027))** \*Please add player's name on memo if doing Zelle.

**Registration Policy (Must Be Signed to Confirm Registration)**  
**ABSOLUTELY NO REFUNDS WILL BE ISSUED, NO EXCEPTIONS.**

**I give consent for my child to participate in the Thanksgiving Clinic.**

Parent/Legal Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETE FORM AND PAYMENT TO**

EDER FALCON