

SOCCER REGISTRATION



- Don't Forget! ...
1. To enclose check or complete credit card information
 2. To check "Male" or "Female" team box

Make Checks Payable To: **Star of the North State Games**
1700 - 105th Avenue NE • Blaine, MN 55449-4500

CONTACT INFORMATION

OFFICIAL CONTACT LAST NAME (Person to whom all correspondence will be sent) _____ OFFICIAL CONTACT FIRST NAME _____

CONTACT STREET ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP CODE _____

CONTACT EVENING TELEPHONE _____ CONTACT DAYTIME TELEPHONE _____

CONTACT E-MAIL ADDRESS _____ CITY REPRESENTING _____

TEAM INFORMATION

PLEASE CHECK ONE

MALE TEAM FEMALE TEAM

OFFICIAL TEAM NAME _____

HEAD COACH NAME (if different than official team contact) _____ HEAD COACH TELEPHONE _____

Soccer Registration Fees

- U-9 Maroon (upper level) \$175 by May 1. \$200 after
- U-9 Gold (lower level) \$175 by May 1. \$200 after
- U-10 Maroon (upper level) \$175 by May 1. \$200 after
- U-10 Gold (lower level) \$175 by May 1. \$200 after
- U-11 Classic 2 \$300 by May 1. \$350 after
- U-11 Classic 3 \$300 by May 1. \$350 after
- U-12 Classic 1 \$300 by May 1. \$350 after
- U-12 Classic 2 \$300 by May 1. \$350 after
- U-12 Classic 3/Rec+ \$300 by May 1. \$350 after
- U-13 Classic 1 \$375 by May 1. \$425 after
- U-13 Classic 2 \$375 by May 1. \$425 after

(reg. fees continued)

- U-13 Classic 3/Rec+ \$375 by May 1. \$425 after
- U-14 Classic 1 \$375 by May 1. \$425 after
- U-14 Classic 2 \$375 by May 1. \$425 after
- U-14 Classic 3/Rec+ \$375 by May 1. \$425 after
- U-15 Classic 1 \$375 by May 1. \$425 after
- U-15 Classic 2 \$375 by May 1. \$425 after
- U-15 Classic 3/Rec+ \$375 by May 1. \$425 after
- U-16 Classic 1 \$375 by May 1. \$425 after
- U-16 Classic 2 \$375 by May 1. \$425 after
- U-16 Classic 3/Rec+ \$375 by May 1. \$425 after
- U-17 Classic 1 \$375 by May 1. \$425 after
- U-17 Classic 2 \$375 by May 1. \$425 after
- U-17 Classic 3/Rec+ \$375 by May 1. \$425 after

Pre-order soccer shirts

(special pre-order price: \$10 per shirt)

Indicate # of shirts by size

_____ S _____ M _____ L _____ XL

Registration Fee _____

(Fee listed at left)

Pre-ordered shirts

_____ @ \$10 each

Total Fees Enclosed _____

Credit Card Payments

Visa Mastercard

Exp. Date _____ Card Number _____ CVV Code* _____ Name of Cardholder _____ Signature _____

*The CVV Code is the three digits following the last four digits of the card number on the back of your card.

FOR OFFICE USE ONLY

Team Number _____ Date Received _____ Amount Paid \$ _____

FOR MORE INFORMATION

Twin Cities: 763.785.5603 • Toll Free: 800.756.7827

Fax: 763.785.5699

Email: sgames@mnsports.org

Website: www.starofthenorthgames.org