

PLEASE MAKE CHECKS PAYABLE TO WHYSA

TOTAL:\$ _____

Mail to:



West Hartford Youth Soccer Association

P. O. Box 271059

West Hartford, CT 06127-1059

(Please don't forget a copy of your child's birth certificate if required)

Withdrawal and Fee Refund Policy: *Registration Fee is refunded if request is made in writing to WHYSA at the above address prior to August 15, 2005.*

***** VOLUNTEERS *** We need your assistance !!! Please see below:**

Volunteers

Please elaborate below if you have any soccer experience. Information concerning past play, knowledge of the game, coaching or teaching background would be most helpful, but is not necessary.

The Association is dependent on volunteers and donated services to run its programs. Please check one or more of the ways shown if you can participate.

Coach Assistant Coach Referee A team in any way Association in any way

Division Interested: ___ Training ___ Mites ___ Juniors ___ Seniors

Any Special concerns: (Days unavailable for practices or games)

Name: _____ Address _____ zipcode _____

Phone #: Home _____ Work _____ E-mail _____

Work Address: _____

Visit our Website at www.westhartfordsoccer.net

FALL 2005 Registration Form