



MILTON MINI MITE SOCCER • AGES 3&4 COED MIGHTY MITE SOCCER • AGES 5&6 COED SOCCER

sponsored by



Early Registration Jan. 8 - March 18
Late Registration (\$10 T-shirt) .. 3/19-3/25
Practices Begin..... Week of April 2
First Game..... April 14
Last Game..... May 12
Registration Fee:

\$30 Member
\$60 Non-Member
 (T-shirt included w/early registration)
Refunds may only be issued if
the YMCA cancels a program

GENERAL INFORMATION

- One practice per week. All practices and games are held at the Mercy Sports Complex at the Parker YMCA.
- All games are on Saturdays.
- Financial Assistance is available for participants in need.
- Divisions: Mini Mite: Ages 3 & 4 COED; Mighty Mite Ages 5 & 6 COED

COACHES WANTED:

The Volunteer Coach is the most important key to a successful season. We are always looking for talented and dedicated adult volunteers to serve as volunteer coaches.

Parents will be contacted after coaches meeting.

For More Information Contact Trent Henning 754-9622 ext. 114 or thenning@ymcajanesville.org

YMCA OF NORTHERN ROCK COUNTY

Downtown Janesville - 608.754.YMCA - 221 Dodge St. Janesville, WI 53548
Parker - 608.868.YMCA - 1360 Parkview Dr. Milton, WI 53563
www.ymcajanesville.org

Milton Mini Mite and Mighty Mite Soccer Registration Form—One Form Per Person

Register by mail, in person or fax credit card information to 608-754-9024 attention Trent Henning.

Child's Name: _____ M / F
 School: _____ Grade: _____ Age: _____ Birth Date: _____
 Contact Name: _____ Contact Number: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Email Address: _____ Member Non-Member

Please Mark the Division Your Child Is In (age as of 6/8/16):

- Mini Mite (ages 3-4) Mighty Mite (ages 5-6)

SHIRT SIZE: 3T 4T Child S (6-8) Child M (10-12) Child L (14-16) Adult S Adult M Adult L Adult XL

SHIRTS WILL BE HANDED OUT BEFORE 1ST GAME

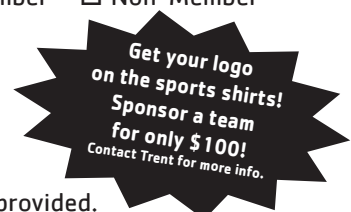
If you would like to be placed with a specific coach or on a specific team please let us know in the space provided.

Special Requests cannot be honored if registration is received during late registration periods.

SPECIAL REQUEST: _____

I WOULD BE WILLING TO VOLUNTEER AS A: Coach Assistant Official

Name: _____ Phone: _____



<p>Payment Method</p> <p><input type="checkbox"/> Cash (in person only)</p> <p><input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card</p>	<p>Name on Card _____</p> <p>Card # _____</p> <p>Expiration Date _____</p> <p>3-Digit Verification Code (on back of card) _____</p> <p>Signature _____</p> <p>AMOUNT ENCLOSED _____</p>
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