



GRASSHOPPER SOCCER

REGISTRATION FORM

Program: Grasshopper 2007

Course (please circle): Pint Size Tyros Cadets

Name of child: 1.

Age of child:

Address:

Phone/Fax/Email:

Parents name(s):

Check amount/number:

Course (please circle): Pint Size Tyros Cadets

Name of child: 2.

Age of child:

Address:

Phone/Fax/Email:

Parents name(s):

Check amount/number:

Course (please circle): Pint Size Tyros Cadets

Name of child: 3.

Age of child:

Address:

Phone/Fax/Email:

Parents name(s):

Check amount/number:

Please write separate checks for each child.
Please make all checks payable to Tighe O'Sullivan
Please mail all checks to 1115 B Street #306 San Rafael, CA 94901.
A receipt will be mailed upon acceptance.