

GLSA Rec Plus Program

Fall 2016

Program Registration Form

Name: _____

Address: _____ City _____ Zip Code _____

Phone: _____ Birthday: __/__/__ Age: _____

Grade for Fall 2016: _____ Gender: _____

Email Address _____ *(Must complete for confirmation)*

School for Fall 2016: _____

I agree to submit a signed medical release _____

Parent Signature

GLSA REC PLUS-1st Grade	\$200.00			
GLSA REC PLUS-Kindergarten	\$100.00			

Make checks payable to: *Greater Libertyville Soccer Association (GLSA)*

Check #: _____ OR Credit Card Payment (MasterCard, Discover or Visa ONLY)

Account Number _____

Cardholder Name _____

Exp Date ____/____/____ Charge Amount \$ _____

Authorized Signature _____

Registration forms can be found on the GLSA website, www.glsa.org or at the GLSA office, 30080 Technology Way, Libertyville, IL 60048. Please contact Gina Wessel gwessel@glsa.org for more information or questions

847-984-2897 Ext 1

