



Full Season Fees: \$245.00 / player

Payment Plan: \$255 / player

1<sup>st</sup> payment due Nov 25th

2<sup>nd</sup> payment due Dec 20th

www.impactmiddleschoolsoccer.com

Middle School Attending \_\_\_\_\_

**Player Information:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Current School Grade \_\_\_\_\_

T-shirt Size: YM YL AS AM AL AXL      Sock Size: Small (13-4) \_\_\_\_\_ Medium (5-9) \_\_\_\_\_ Large (10-12) \_\_\_\_\_

**Parent/Guardian Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

Email (please use all CAPS) \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Text Messages Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Credit Card Information** (only Visa / Master Card Accepted)      Select One:  Full Payment  Payment Plan

Card Holder Name \_\_\_\_\_

Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_      Signature \_\_\_\_\_

**For More Information Contact Mayra Saldana at [msaldana@csaimpact.com](mailto:msaldana@csaimpact.com) or 770.224.8605**

This not a Cherokee County School District sponsored program.