**Registration Form for Goalie Clinic**

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| **Player First Name:** |  |
| **Player Last Name:** |  |
| **Date of Birth:** |  |
| **Date of Clinic: (August 24 or 26 or BOTH)** |  |
| **Home Association:** |  |
| **Parent/Guardian Name(s):** |  |
| **Email Address:** |  |
| **Home Address:** |  |
| **Emergency Contact Number:** |  |