



2010 NORTH LONDON CDL REGISTRATION FORM

Year Born: 20_____ Male Female

Name of Player (first, last)

Address- (including Postal Code)

Telephone number _____

Date of Birth (MMDDYYYY) _____

E- Mail address (please print carefully) _____

Parent/Guardian Information

Names plus address, telephone number and E-mail if different from above

Medical Information

Please provide details of any known medical condition relevant to competitive soccer

Additional Information

I am interested in coaching a team

Name _____ Phone _____

Registrations should be mailed along with a cheque to:

(cheques to be made payable to North London Soccer Club.)

Under 8 Program (2002/03) \$180

CDL Jr. Program (2004/05) \$95

c/o Steve Brazier
248 Chesham Ave
London N6G 3V3
stevebrazier43@hotmail.com

Parent's Signature

Date