



**Valley AFC**  
**Soccer School Fall 2008**  
Mail registration form and payment to:  
VAFC, PO Box 20045, Roanoke, VA 24018



*Academy Registration (ages 8-10):*

**Day/Dates:** Mondays and Thursdays 9/8/08 through 10/16/08 (rain dates 10/20 & 10/23)

**Weather Cancellation Hotline:** 774-7272

**Time:** Mondays & Thursdays 5:30-7:00 pm

**Location:** Mondays at Rising Star  
Thursdays at VA Medical Center Field in Salem

**Cost:** \$110.00 per season (cost includes T-shirt)

**Registration Deadline:** August 29, 2008

**Camp Director:** Betsy Adkins

Player Name: \_\_\_\_\_ Gender \_\_\_\_\_  
Age as of (first day of training) \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Shirt size (circle one):</b> YS 6-8    YM 10-12    YL 14-16    Adult S    Adult M    Adult L
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Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ VA, Zip \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

