



Official Use: Registration # _____	
<input type="checkbox"/> \$95 Ages 4-7	<input type="checkbox"/> \$25 Late Fee
<input type="checkbox"/> Scholarship	Amt. Rcvd _____
<input type="checkbox"/> Donation	Date Rcvd _____
<input type="checkbox"/> After 1/11/08	

USE SEPARATE FORM FOR
 RAINBOW REC. & ADP

CHAPEL HILL UNITED MICRO PROGRAM AGES 4-7

(8/1/03 - 7/31/00)

REGISTRATION DEADLINE (BEFORE LATE FEE): JANUARY 11, 2008

SPRING 2008 SEASON:

WEDNESDAY, FEBRUARY 27 – FRIDAY, MAY 9

Designed to teach the beginning player ages 4-7 the basic skills of soccer.
 Micro training is 5:30-6:30 pm Wednesdays, with small sided games on Fridays
 at Cedar Falls Park, moving to Homestead Park after April 1 (no Saturday games).

YOU CAN REGISTER ONLINE at www.rainbowsoccer.org or complete this form and mail with check (made out to Rainbow Soccer) to PO Box 3093, Chapel Hill, NC 27515.

My address has changed. It was: _____

Please print:

Player's Name _____ Male Female
 School _____ Age (Spring 08) : ____ Grade (Spring 08) ____ Date of Birth ____/____/____
 Local Address _____
 City _____ State _____ Zip _____
 Neighborhood _____
 Parent's Name _____
 Phone: Home _____ Work _____ Cell _____
 E-Mail Address (Please print clearly) _____

Please Check Jersey Size:

YXS__ YS__ YM__ YL__ YXL__

REGISTRATION FEES

(\$20 non-refundable; no refunds after uniform distribution)

- Ages 4 through 7 (8/1/03 - 7/31/00) _____ \$ 95
- Late Fee (after January 11) _____ \$ 25

TOTAL for this player, PAID by check (to Rainbow Soccer) or cash _____

(Some scholarships are available and are need-based. Please apply in writing by January 11, 2008)

The undersigned hereby releases and covenants not to sue Rainbow Soccer, Ltd., its employees, officers, volunteers and agents for any mishap to any participant, spectator, or other person arising out of Rainbow Soccer activities.

Signed: _____ **Date:** _____
 (Parent or Guardian)

Questions? Call 967-8798 or e-mail: chunited@earthlink.net