

Application

PLEASE PRINT

Name _____

M / F (circle one)

Date of Birth _____

E-mail _____

Home Phone _____

Work Phone _____

Parents' Name _____

Address _____

City _____ State _____ Zip _____

Club Team _____ Goalkeeper

Session: Full Session: June 12 - July 27
(\$465 before 5/15, \$490 after 5/15)
Half-Session #1: June 12 – June 29
(\$265 before 5/15, \$290 after 5/15)
Half-Session #2: July 10 – July 27
(\$265 before 5/15, \$290 after 5/15)

T-shirt Size: Adult: S M L XL
Youth: L

Parental Consent:

I hereby certify that my son/daughter is in general good health and has my permission to participate in the Real Elite Training Program.

Signature of Parent or Guardian Date

Send this application with your check to:

Real Salt Lake
515 South 700 East Suite 2R
Salt Lake City, UT 84102
Phone: (866) 9-SOCCER, (801) 924-8RSL /Fax: (801) 933-4713

