

SOCCER SKILLS TRAINING SESSION *with*  
**MICHAEL KING**

FORMERLY WITH THE MILAUKEE WAVE and  
now YOUTH SOCCER TRAINER

SUNDAY, AUGUST 23<sup>RD</sup>, 2009  
JUNE VOLLRATH PARK  
ELKHART LAKE, WI

9 A.M. TO 11 A.M. For ALL PLAYERS Entering U10 AND YOUNGER This Fall

1 P.M. TO 3 P.M. For ALL PLAYERS Entering U12 AND ABOVE This Fall

REGISTRATION FORMS ALSO AVAILABLE AT THE JUNE VOLLRATH PARK

OR AFTER JUNE 12<sup>TH</sup> ON LINE AT [WWW.ELGAA.COM](http://WWW.ELGAA.COM)

FOR ADDITIONAL INFORMATION CALL DENICE AT 876-3662

**\*\* EARLY REGISTRATION DISCOUNT AVAILABLE \*\***

Please complete the following information and return with your payment by July 3<sup>rd</sup>, 2009

Send to: ELGAA P.O. BOX 543 ELKHART LAKE, WI 53020

Tare on line – send lower section with Payment

Tare on line – send lower section with Payment

Child's Name; Sex; *Bracket in Fall* Select Session; Date of Birth;

\_\_\_\_\_ M / F    9 A.M. or 1 P.M. \_\_\_\_/\_\_\_\_/\_\_\_\_ \$25 (\$20 if rcvd. by 7/10/09)

\_\_\_\_\_ M / F    9 A.M. or 1 P.M. \_\_\_\_/\_\_\_\_/\_\_\_\_ \$25 (\$20 if rcvd. by 7/10/09)

Total \$ \_\_\_\_\_

Parent or Guardian Signature:

Parent or Guardian Signature:

X \_\_\_\_\_ X \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount Rcvd: \$ \_\_\_\_\_ Date rcvd: \_\_\_\_\_ Who Rcvd: \_\_\_\_\_