

- **♦ Kindergarten Division** (Games at Hillview Friday Nights)
- **◉ Biddy Division** Grades 1 & 2 (Games at Hillview Saturdays)
- **Intermediate Division** Grades 3 & 4 (Games at Hillview Saturdays)
- Junior Division Grades 5 & 6 (Games played at PVMS (Games TBD)
- Senior Division Grades 7 & 8 (Games played at PVMS (Games TBD)

\*Day or location may change\*

Divisions will be separated by gender when possible We cannot honor team placement or carpool requests for any reason!

Biddy Division: Practice Tuesday or Thursdays 6pm or 7pm. Intermediate Division: Thursday 6pm 7pm or 8pm. Biddy and Intermediate Division 1 practice and 1 game per week Junior and Senior division 2 games per week

A skills evaluation and draft will take place for grades 3-8 to keep the teams as even as possible.

Intermediate Boys – Tuesday February 6<sup>th</sup> -6pm Intermediate Girls – Tuesday February 6<sup>th</sup> – 7:30pm JR/SR – Tuesday February 6<sup>th</sup> – 6:30pm **Location TBD** 

Season begins mid-February and runs for 6 weeks.

Register Deadline January 22, 2018

Kindergarten Fee: \$85 Non-Member fee \$120 (\$85 + \$35 Yearly Membership)

Member Fee: \$95 (Grades 1-8)

Non-Member Fee: \$130 (\$95 + \$35 Yearly Membership)

\*ONLINE registration is available for this program\*

\*\*All correspondence will be sent by e-mail. Please make sure to enter e-mail addresses on back of this form\*\*

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE. THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY. NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED. A \$5 FEE WILL BE CHARGED FOR ALL REFUNDS PRIOR TO THE CLOSE OF REGISTRATION.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

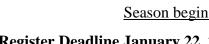
For more information contact: Boys & Girls Club of Pequannock 19 Oak Ave

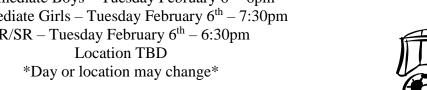
Pequannock, NJ 07440 973-633-9007

www.bgcnwni.org

www.facebook.com/bgcofpequannock

\* Not a school sponsored program\*







## Boys & Girls Club of Northwest New Jersey Pequannock Unit 2018 Indoor Soccer Program

Child's Name:			Date of Birth:			
Address:						
City:						
Home Phone:						
Indoor Soccer Division: _	E-m	ail				
T-Shirt Size: ys yr	m yl yxl	as am	al	axl		
Playing Experience: (plea	nse circle one) Beginn	er Inte	media	te Advanced	Travel	
Parent/Guardian Informat						
Mother's Name:						
Business Name & Addres	ss:					
Cell Phone:	E-mail					
Father's Name:						
Business Name & Address	ss:					
Cell Phone:	Email					
Does your child have any	impairment?					
Sponsorships are \$100 and are tax deductible.  Company or Sponsor Name		e. 	Contact Person & Phone #			
Company or Spon	sor Address					
Coaches: We need c	oaches for you	r child's	team!			
Na	mo			Phone	· #	
Na.	me			Phone	: #	
- That in the event	egard to participation i pate. I release, indemi lirectors, officers, coad Girls Club activities.	n this and an nify and agreches, and vo	y other E ee to hole lunteers ze the Bo	Boys & Girls Club N d harmless the Boys from any liability th oys & Girls Club of	WNJ program & Girls Club hat may result  Northwest NJ	
(Signature of Parent or Guardia	an) (Da	te)				