

Develops character that makes you a true STAR in life through:

Success through participation

Teamwork

Attitude of encouragement from coaches, players and parents

Relationships

Additional Registration Information

Ways to Register:

- * Online at bellshoals.com
- ★ Bell Shoals Baptist Church Office: M-Th, 8 am 5 pm Fri, 8 am – Noon
- * Mail check payable to BSBC and mail to:

Bell Shoals Baptist Church ATTN: Liz Donato 2102 Bell Shoals Road

Brandon, FL 33511



SOCCER Fun, fun and more fun and . . a lot more than winning! Register online at bellshoals.com

2102 Bell Shoals Road, Brandon, FL 33511 813.689.4229 • bellshoals.com

PROGRAM INFORMATION

What:

Soccer league with co-ed players ages 5-13 that will play weekly games on Saturday (starting at 8 am) and practice once a week on either Monday, Tuesday, or Thursday between 5 pm and 7 pm in the evening.

Playing Location:

Bell Shoals Baptist Church

2102 Bell Shoals Rd. Brandon, FL, 33511 Athletic fields west of the Worship Center

When:

- Practices begin the week of September 9
- Games are on Saturdays, September 21 October 26
- Registration closes September 2, 2019

Cost:

- \$60/child for registration for the first two children
- \$30/child for the third or more registrations
- Includes: team jersey, socks, and an awards presentation

Players need:

- Tennis Shoes (cleats are optional)
- Shin Guards
- Completed Medical Release form for the 2019-2020
 academic year that is notarized. A notary is available at the church office.

A coach will contact you by email or phone prior to the first practice!

SIGN UP WITH A FRIEND!

PARTICIPANT INFORMATION First Player's Name: Player's Grade: Age: _____ Male/Female Jersey Size: Skill Level: 1 (beginner) to 5 (experienced) O YS (6-8) O Adult S O YM (10-12) O Adult M O YS (14-16) O Adult I O Adult XI Second Player's Name: Player's Grade: _____ Age: ____ Male/Female Skill Level: Jersey Size: O YS (6-8) 1 (beginner) to 5 (experienced) O Adult S O Adult M O YM (10-12) O Adult L O YS (14-16) O Adult XL Third Player's Name: _____ Player's Grade: _____ Age: ____ Male/Female Skill Level: Jersey Size: 1 (beginner) to 5 (experienced) O YS (6-8) O Adult S O YM (10-12) O Adult M O YS (14-16) O Adult L O Adult XL Day of Week You **CANNOT** practice: (Please circle) O Monday O Tuesday O Thursday We will do our best to accommodate your requests, however we cannot quarantee that all will be met. Coaching: Would you be willing to serve as a coach? O Yes O No **CONTACT INFORMATION** Parents' Name(s): Address: City: _____ Zip:____ Home Phone: ____ Cell Phone: