



## Future Claymores Registration form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cost \$165**

**All players parents must complete a Claymores membership form**

**Mail Registration form and payment to:  
Claymores Soccer Club , 918 Lost Pond Parkway., Chardon, OH, 44024  
Phone: 440-285-2815 Fax: 801-705-2661**

Do you have a burning passion to become a better soccer player?

Come and tryout for one of our Teams!

[www.claymoresoccer.com](http://www.claymoresoccer.com)

**email : [coachduncan@claymoresoccer.com](mailto:coachduncan@claymoresoccer.com)**