



Registration Form For Defensive Recognition Seminar

Parent or Guardians First Name: _____

Parent of Guardians Last Name: _____

Parent or Guardian Email Address: _____

Confirm Parent or Guardian Email Address: _____

Parent or Guardian Home Phone Number: _____

Parent or Guardian Cell Phone Number: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Athletes First Name: _____

Athletes Last Name: _____

Athletes Grade When School Started This Past Fall: _____

School Athlete Is Currently Attending: _____

City Where School Is Located: _____

Camps or Training Program You Want To Register To Attend

MICHIGAN Defensive Recognition Seminar (\$100 Tuition fee)

☒ Defensive Recognition Seminar—MICHIGAN

Select The Session You Are Registering For.

☐ Session 1 Monday | **Dates TBD** / 9am-12n @ Ultimate Soccer Arenas

☐ Session 2 Tuesday | **Dates TBD** / 6pm-9pm @ Ultimate Soccer Arenas

Cost for Seminar is \$100.00

Print form. Complete & mail along with your check made payable to:

Terry Copacia
3592 Torrington Court
Shelby Township Michigan 48316
Office: 248-652-1162
Cell: 248-709-1029
email: tcopacia1@comcast.net

Notes: _____

PROVE IT - OVER AND OVER AND OVER AGAIN