

BIRTHDAY PARTY REGISTRATION FORM

Bob Smith Soccer Academy @The Robbinsville Fieldhouse
Robbinsville, New Jersey



Name _____ Age ___ Gender ___
Parent/Guardian Name(s) _____
Date & Time _____ # of kids invited: Boys ___ Girls ___
Address _____ City _____ State ___ Zip ___
Phone # _____ Cell # _____ Email: _____
Total Due \$250.00 Cash ___ Check ___ Date _____
If attending as a team, team name _____

Signed attached waiver _____

1 hour of field time with coach/referee provided

1 hour for food, cake and party time (we provide paper party goods)

You may bring your own food or order Pizza for Delivery

Drinks must be self contained (sips, water bottles, etc...)

Payment Due with Registration

Refunds considered with 1 weeks Notice

BALANCE MUST BE PAID IN FULL WITH REGISTRATION

Mail Registration Form & Payment to:

The Bob Smith Soccer Academy

36 Blairmore Drive

Hamilton, NJ 08690

Web site: <http://www.bobsmithsoccer.com>

Email: bobsmithsoccer@msn.com

Phone # 609-588-0182 Fax # 609-588-5642 Cell # 609-468-7208