

Elks Soccer Shoot®

COMPETITION FORM –BOYS / GIRLS:

Please let us know who will compete as your representative at the next level

Complete and return not later than 5 days after your Elks Soccer Shoot®contest to the Director of the next level of competition:

This is the information needed to adequately prepare for the next level of competition

Sponsoring Lodge/State:	No:
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<i>(Circle One In each category)</i>			
GENDER GROUP		NEXT LEVEL OF COMPETITION	
BOYS	GIRLS	District	State
		Regional	National

Division U- 8	Ages 7 & Under	
Name:	Date of Birth:	
Address:	Telephone:	
City:	State: ZIP:	
Parent Name:		
E-Mail:		
		Total Number of Participants and Guests Attending Next Competition

Division U- 10	Ages 8 & 9	
Name:	Date of Birth:	
Address:	Telephone:	
City:	State: ZIP:	
Parent Name:		
E-Mail:		
		Total Number of Participants and Guests Attending Next Competition

Division U- 12	Ages 10 & 11	
Name:	Date of Birth:	
Address:	Telephone:	
City:	State: ZIP:	
Parent Name:		
E-Mail:		
		Total Number of Participants and Guests Attending Next Competition

Division U- 14	Ages 12 & 13	
Name:	Date of Birth:	
Address:	Telephone:	
City:	State: ZIP:	
Parent Name:		
E-Mail:		
		Total Number of Participants and Guests Attending Next Competition