



Elks Soccer Shoot®

COMPETITION FORM — BOYS/GIRLS

Complete and submit to the Director of the next level of competition:



Sponsoring Lodge:	No.:
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(Circle One in Each Category)

GENDER GROUP	NEXT LEVEL OF COMPETITION
<div style="display: flex; justify-content: space-around;"> BOYS GIRLS </div>	<div style="display: flex; justify-content: space-around;"> District State Regional/Area </div>

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

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

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

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

Division U-16	Ages 14 & 15		
Name:	Date of Birth:	Total Number of Participants and Guests Attending Next Competition	
Address:	Telephone:		
City:	State: ZIP:		
Parent Name:			