

The Key's College Soccer Evaluation Program



Please Mail or Fax (916) 972-7149 this registration form along with your payment to reserve your spot. Registration Information (please complete)

Name of Student _____

Address _____

Home Phone _____ Mobile Phone _____

Email Address _____

Club Team _____

Position _____ Year in School in 2010 _____

Name of Parent(s) _____

Address (if different) _____

Home Phone _____ Mobile Phone _____

Email Address _____

Payment Information

If paying by check: Please send check in the amount of \$100.00 payable to The Key, to our address: 3415 American River Drive Suite D Sacramento, CA 95864

If Paying by Credit Card: Please Provide the following:

Name on Card _____

Billing Address _____

Credit Card Type _____

Card Number _____ Exp. Date _____

Authorized Signature _____