

Soccer Clinic 2026

*** <u>Office Use Only</u> ***						
Cash: Check: Check Number:						
Received By:						

Player's Last Name	Last Name: First Name:							
Street Address:								
City:	State:Zip:Township:							
Phone Number: _	mber: Primary Email:							
School:		Grade: _		Age: _	Gene	der:		
Parents' Names:								
Person Registering	Child (If	other than pare	ent):					
Circle Shirt Size:					Adult Medium		Adult Extra Large	

Circle: Resident \$60 Non-Resident \$70

Checks payable to: Thomas Township General Fund

249 N. Miller Road Saginaw, MI 48609

Circle Grade Division: 4 - 5 yr. old 9:00 am - 10:00 am

6 - 8 yr. old 10:15 am - 11:15 am

Registration **Deadline** - **January 25th** (\$25 late fee after this date until February 1st)

Registration **Closes February 1st**

Please Return Forms to Thomas Township Parks and Recreation Office at 249 N. Miller Road Saginaw MI 48609

My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this basketball program. I waive and release Thomas Township from any and all claims.