



# Clover Bar Soccer Program



## RE-APPLICATION FORM

Student Name: \_\_\_\_\_

Homeroom (2016-2017): \_\_\_\_\_

Please **check** the desired box

- I **will be** continuing in the Soccer Program next year.
- I **will not** continue in the Soccer Program next year.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Date \_\_\_\_\_

**Please return to the office by May 16, 2017**