

# Elks Soccer Shoot<sup>®</sup>

## 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<sup>®</sup> 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>			
<b>GENDER GROUP</b>		<b>NEXT LEVEL OF COMPETITION</b>	
BOYS	GIRLS	District	State
		Regional	National

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

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

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

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