



SPRING YOUTH Soccer

Pre-K to 8th Grade Boys & Girls

WHEN:

Tentative Start Date of March 11, 2024
Pre-K games on Saturdays
K-8th games on Tuesday-Thursday evenings & Saturdays

FEE:

\$55/Player for Pre-K | \$75/Player for Kindergarten
Save \$10 if registered by 2/2
\$825/Team for 1st-4th (Save \$110 if registered by 2/2)
\$1,050/Team for 5th-8th (Save \$140 if registered by 2/2)

WHERE:

Shawnee Park Sports Complex

COACHES NEEDED!

Coaches meeting on February 12 at
6:00 p.m. at the Shawnee Park Center

REGISTRATION:

Register by 2/7 online at:
www.cityofcape.org/soccer
For any Cape Central students
grades 3rd-8th, please contact
moyerst@capetigers.com to register.

PRESENTING
SPONSOR:



**CITY of CAPE
GIRARDEAU**
PARKS & RECREATION DEPARTMENT



@capeparks

573.339.6606
ecampbell@cityofcape.org

410 Kiwanis Dr.
Cape Girardeau, MO 63701

YOUTH SOCCER LEAGUE REGISTRATION FORM

AGE: Pre-K through 8th grade (must be 4 years of age by March 1, 2024).

LEAGUE FORMAT: Divisions Pre-K (Individual Entry) | Kindergarten (Individual Entry) | 1st/2nd (Team Entry) | 3rd/4th (Team Entry) | Coed 5th/6th (Team Entry) | Coed 7th/8th (Team Entry)
 Pre-K plays 4-5 total games on Saturdays. K-8 grades play 8 total games on Tuesdays, Wednesdays and Thursday evenings, and Saturdays over a 5-6 week season.

IMPORTANT DATES: Coaches' meeting is scheduled for February 12 at 6:00 p.m. at the Shawnee Park Center.

REGISTRATION: The registration deadline is February 7, 2024.
 Anyone registered after deadline is not guaranteed a jersey when games start.

ENTRY FEE: \$55/Player for Pre-K | \$75/Player for Kindergarten (Save \$10 if registered by 2/2)
 \$825/Team for 1st-4th (Save \$110 if registered by 2/2)
 \$1,050/Team for 5th-8th (Save \$140 if registered by 2/2)

LEAGUE DIRECTOR: Eli Campbell. Contact at ecampbell@cityofcape.org or 573-339-6606.

LEAGUE (circle one): **BOYS** **GIRLS** **COED**

DIVISION (circle one): **PreK** **Kindergarten** **1st/2nd grade** **3rd/4th grade** **5th/6th grade** **7th/8th grade**

DATES UNABLE TO PLAY: _____

TEAM NAME: _____

	Team Coach	Assistant Coach
NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
TEXTING PHONE #:		
CELL PHONE CARRIER:		
EMAIL ADDRESS:		

Player's Name	Grade	Birth Date	Shirt Size (circle one)	Played Before?	Phone #	Address
1.			YS YM YL AS AM AL AXL	Yes No		
2.			YS YM YL AS AM AL AXL	Yes No		
3.			YS YM YL AS AM AL AXL	Yes No		
4.			YS YM YL AS AM AL AXL	Yes No		
5.			YS YM YL AS AM AL AXL	Yes No		
6.			YS YM YL AS AM AL AXL	Yes No		
7.			YS YM YL AS AM AL AXL	Yes No		
8.			YS YM YL AS AM AL AXL	Yes No		
9.			YS YM YL AS AM AL AXL	Yes No		
10.			YS YM YL AS AM AL AXL	Yes No		
11.			YS YM YL AS AM AL AXL	Yes No		
12.			YS YM YL AS AM AL AXL	Yes No		
13.			YS YM YL AS AM AL AXL	Yes No		
14.			YS YM YL AS AM AL AXL	Yes No		
15.			YS YM YL AS AM AL AXL	Yes No		

How did you hear about this program (circle one)?
 PLAY CAPE Website Social Media Email Newspaper Radio Flyer UB Insert Family/Friend Other