CPL College Showcase **Soccer Combine**

DATE: March 1st

TIMES: 6pm – 8pm

LOCATION: Vista Hermosa Sports Park
987 Avenida Vista Hermosa, San Clemente, CA 92673

COST: \$59.00

Zip Code: _____Expiration Date: ____

Card Holders Signature: _

COMPLETE THIS FORM AND RETURN BY MAIL NO LATER THAN FEBRUARY 22nd

California Premier League - Soccer Combine 32158 Camino Capistrano Suite 210 San Juan Capistrano, CA 92675

Name:		Phone:	Ema	il:	
High School:		Club Team:	Posi	tion:	
Grade:	Yr. Born:	GPA:	_ SAT:	ACT:	
Height:	Weight:	_			
Desired Major:		Emai	Profile picture to info	@californiapremierleague.org	
Checks payable: Califor	nia Premier Leag		Payment: Cash		
PLEASE PRINT				Check Credit Card	
Student Last Name:		_ First Name:	Middle:		
Address:		City:	Zip:	Email:	
Parent's Name:		Parent 0	Cell Phone:		
Emergency Contact: Name& Pho	ne (If parent cannot be rea	ached):			
Credit Card Payment Info:					
Card Number:					
Name on Card:					
Street Address:					