



Elks Soccer Shoot®

Competition Form — Boys/girls



Complete and submit to the Director of the next level of competition:

Sponsoring Lodge:

No.:

(Circle One in Each Category)

Gender Group	Next Level of Competition	
BOYS GIRLS	District State Regional/Area	
Division U-8	Ages 7 & Under	
Name: _____ Date of Birth: _____		Total Number of Participants and Guests Attending Next Competition
Address: _____ Telephone: _____		
City: _____ State: _____ ZIP: _____		
Parent Name: _____		
Division U-10	Ages 8 & 9	
Name: _____ Date of Birth: _____		Total Number of Participants and Guests Attending Next Competition
Address: _____ Telephone: _____		
City: _____ State: _____ ZIP: _____		
Parent Name: _____		
Division U-12	Ages 10 & 11	
Name: _____ Date of Birth: _____		Total Number of Participants and Guests Attending Next Competition
Address: _____ Telephone: _____		
City: _____ State: _____ ZIP: _____		
Parent Name: _____		

Division U-14**Ages 12 & 13**

Name:

Date of Birth:

Address:

Telephone:

City:

State: ZIP:

Parent Name:

**Total Number
of
Participants
and
Guests
Attending
Next
Competition****Division U-16****Ages 14 & 15**

Name:

Date of Birth:

Address:

Telephone:

City:

State: ZIP:

Parent Name:

**Total Number
of
Participants
and
Guests
Attending
Next
Competition**