



GET GINGA. GET SOCCER.
MEANS YOU GOT IT.

BAYGINGA INC. P.O. BOX 1069
SPARKS, MARYLAND 21152-1069

TEAM/ ORGANIZATION/ GROUP REGISTRATION

TEAM/ORGANIZATION/GROUP NAME

CONTACT NAME

E-MAIL ADDRESS

PHONE #

Requested Programs

Clinic: _____
(Recreation/ Travel)

Small Group: _____
(# of Participants)

Team Camp: _____
(Team Name)

High School: _____
(Name, # of Participants)

General Information

Gender: _____

Age Range: _____

Skill Level: _____
(Rec., Travel, Club, V/JV)

Comments: _____

Signature _____

Date _____

(Coach/ Manager/ Coordinator/Commissioner/Agent)

***All participants will be required to complete player registration form. This form is required to be completed on or before training begins.**

***Payment Instructions & Conditions found at our information center under the listing of "Our training programs and levels."**