



ORGANIZATION REGISTRATION FORM

Date: _____ Organization Name: _____

Primary Contact: _____

Who can authorize program? _____ Title: _____

Signature: _____

Address: _____

Address 2: _____

City, State & Zip: _____

Phone #: _____ Alt. #: _____ Fax: _____

Tax I.D. #: _____ Tax Exempt #: _____

Number of Teams in League: _____ Number of Players: _____

Age Groups (U-6, U-7, etc.) _____ Largest age group? _____

How many seasons do you have? _____ Number of fields? _____

To receive your Organization Reference Code and product information material, this form must be completed and returned. You may mail it to VPN Marketing, Inc., Attn., "Grow Soccer Program", 847 Thelosen Dr., Kimberly, WI 54136. If you have questions please call us toll-free, 1-800-741-3395, [mail to:sales@vpnmarketing.com](mailto:sales@vpnmarketing.com).

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