



North St. Paul Girls Summer Training Program

(Reservation/Payment Form)

Name: _____ DOB: _____

08-09 Team: _____ Grade: _____

Position: F D G Jersey Size: S M L XL

Parents' Names: _____

Address: _____ City: _____

Phone (H): _____ Phone (Work/Cell): _____

Email: _____

Cost = \$195

Please make checks payable to:

Stacy Anderson

2946 Vincent Ave. N

Minneapolis, MN 55411