

## Jackson Soccer Club Raffle Check Submission Form

Dear Parent/Guardian,

Please complete this form in its entirety.

1. Make check for \$50.00 payable to the **Jackson Soccer Club** (one \$50 fee per family).
2. List the Players for which this check is applies, One player per line:

Player Names (First and Last)   Date of Birth   Travel   Rec   Both   Travel Team Name

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3. Mail Check and Form to the following attention before August 5:

Jackson Soccer Club  
c/o Rich D'Angelo  
5 Swallow Tail Court  
Jackson, NJ 08527

***Failure to properly complete this form could result in the Jackson Soccer Club not properly applying the check to your registration.***