

**LINN-MAR JUNIOR LION SOCCER CLINIC
PAYMENT VOUCHER**

When: Saturday, March 30, 2019

\$35 PER PARTICIPANT

Where: Linn-Mar Stadium

Who: Girls Grades 1st - 7th

Participant Name(s) _____ \$ _____

Please make check payable to: LINN-MAR GIRLS SOCCER

***EVERY PARTICIPANT** Total Amount Enclosed \$ _____

MUST REGISTER AT

Mail check or dropoff to: Linn-Mar High School
Girls Soccer Clinic - Mrs Dayton
3111 North 10th St
Marion, IA 52302

www.limgirlssoccer.com/clinic/

Check # _____
