

**MVSC PLAYER DEVELOPMENT ACADEMY**

Player  
Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Cell Phone \_\_\_\_\_ Hm Phone \_\_\_\_\_

Email  
Address \_\_\_\_\_

Parent  
Name \_\_\_\_\_

Parent  
Signature \_\_\_\_\_

Make check payable to MVSC and mail to : 25108 Marguerite Pkwy, Suite A, PMB 65,  
Mission Viejo, Ca. 92692

Academy fee 45.00 includes Tee shirt  
Contact Billy McNicol Sr at 949-433-9838 or email Anna Murphy at mv411murph@aol.com