



RUSH WISCONSIN WEST SOCCER CLUB
KEEP IT UP JUGGLING PROGRAM

JUGGLING VERIFICATION FORM

PLAYER NAME:

PLAYER BIRTH YEAR:

PLAYER TEAM:

DATE GOAL ACHIEVED:

JUGGLING HIGH SCORE:

PLAYER CERTIFICATION

I certify on my honor that the above information is accurate and that on the above stated date, I achieved the above listed Juggling High Score. My high score was achieved without the use of my hands and without the ball touching the ground at all in between juggles.

Signature of Player

WITNESS VERIFICATION

I certify on my honor that I personally witnessed the above named Rush Wisconsin West player juggle the above juggling high score on the date specified.

Signature of Witness

Printed Name