

SOCCER CAMP ATTENDEE

PLEASE PRINT

FIRST NAME LAST NAME

ADDRESS

CITY STATE ZIP CODE

AGE BIRTH DATE

WEIGHT HEIGHT

DAYTIME PHONE E-MAIL

T-SHIRT SIZE (CHILD)

S M L XL XXL

POSITION (CHECK ONE)

Forward Midfield Defense Goalkeeper

FEES

PAYMENT METHOD 1 PLAYER FEE: \$000

CHECK OR MONEY ORDER VISA MASTERCARD

CARD # EXPIRATION DATE

NAME AS ON CARD

SIGNATURE

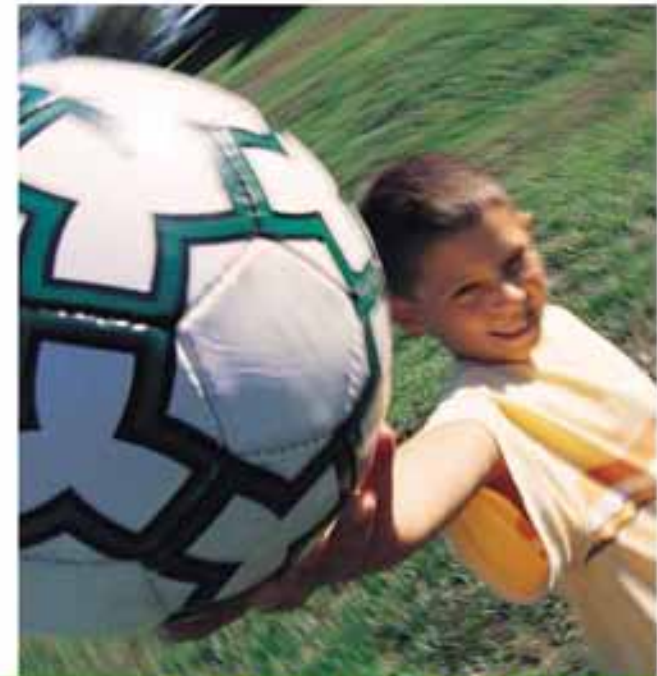
MEDICAL RELEASE

This is to certify that _____
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SIGNATURE DATE

MAIL COMPLETED REGISTRATION FORM TO:
5432 Any Street West, Townsville, State 54321

OUR PROUD SPONSORS



FIRST M. LASTNAME'S
SOCCER
LOCATION
SUMMER
MONTH 0-00
CAMP

www.yourwebsitehere.com

phone 555-543-5432 fax 555-543-5433

5432 Any Street West, Townsville, State 54321





LOCATION MONTH 0-00

COST

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LOCATION

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WHO CAN ATTEND

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WHAT TO BRING

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COACHING & SUPERVISION

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MEALS

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REGISTRATION

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REFUND POLICY

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BOYS AND GIRLS PROGRAMS FROM AGES 0-00

FUN AND GAMES

FROM THE BASICS OF SOCCER TO COMPETITIVE PLAY

SHOOT AND SCORE

COACHING STAFF

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NEED MORE INFORMATION:

CALL **555-543-5432**

OR VISIT www.yourwebsitehere.com

