

2012 REGISTRATION FORM

Davidson Soccer Training Camps

Please Print Legibly

Camper's Name: _____

Gender: M or F Date of Birth: _____

Age at Camp: _____ Rising Grade (2012-13): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Please Circle

Shirt Size: YM ~ YL ~ AS ~ AM ~ AL ~ AXL

Circle Your Camp Session(s)

Day Camp (June 11-15): Half Day or Full Day

Day Camp (July 9-13): Half Day or Full Day

Boys Junior Advanced (June 17-20)

Girls Junior Advanced: (June 21-24)

Girls Senior Advanced (July 15-17)

Boys Senior Advanced (July 19-21)

Do you wish to buy an adidas ball for \$25? (retail \$30) Yes ~ No ~ Maybe
Goalkeeping Group? (Advanced Sessions Only) Full-Time ~ Part-Time

Are you coming with a team?

If Yes, Team Name: _____

If you are applying for an advanced camp:
Do you plan to come as a non-resident (8:45 a.m - 8:15 p.m.)?
Yes ~ No

Teammate/Roommate request: _____

If my child is accepted, he/she promises to conform to the regulations of the Davidson Soccer Training Camp. I understand that a non-refundable deposit of \$100 is due with the application and the remainder of the camp fee is due the first day of camp. I/we also understand that the camp is privately run and is not operated by or through Davidson College.

Parent's Signature

*Please detach at dotted line and send (with \$100 deposit) to:
Davidson Soccer Training Camp, PO Box 1659, Davidson, NC 28036*

or

Pay Online with credit card: www.davidsonsoccercamp.com

*** Please Note- Deposit is non-refundable**