



Camp Registration Form

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____ PHONE NUMBER: _____

CLUB TEAM: _____ YEARS OF PLAYING SOCCER: _____

1ST POSITION: _____ 2ND POSITION: _____ 3RD POSITION: _____ (GK, LB, CB, RB, CM, LM, RM, ST)

T-SHIRT SIZE - YS: _____ YM: _____ YL: _____ YXL: _____ AS: _____

PARENT/GUARDIAN INFORMATION

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____

EMAIL: _____ PHONE NUMBER: _____

EMERGENCY CONTACT FULL NAME: _____

PHONE NUMBER: _____

EMAIL: _____ RELATION TO APPLICANT: _____