



THE SOCCER INSTITUTE

Quality Coaching **Limited Enrollment** **Affordable Tuition**

2009 REGISTRATION FORM

STEP 1 STUDENT

NAME _____ DOB _____ AGE _____ GENDER M F GRADE FALL 2009 _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAY PHONE _____ EMAIL ADDRESS _____

T-SHIRT SIZE: YOUTH OR ADULT S M L XL

STEP 2 CHOOSE DESIRED PROGRAM(S)

Youth Camps - Day & Resident Team Camps June - Aug Academy - Advanced Players Ages 12-16

CAMP DATES: June 15-19 June 22-26 June 29 - July 3 July 6-10 July 13-17 July 20-24
 July 27-31 Aug 3-7 Aug 10-14 Aug 17-21 Aug 24-28

TIMES: Half Day AM (9am - 1pm) Ages 4-8 Half Day PM (1pm - 5pm) Ages 4-8
 Full Day (9am - 5pm) Ages 6-18 Resident (Mon 9am - Fri 5pm) Ages 9-18

TEAM CAMPS (High School or Club Teams) - Select any week or weekend.
 First received basis on reservations! List first choice / alternate date: _____ / _____

FEES: Half Day AM/PM (\$150) Full Day (\$195)
 Resident Weekend (\$195) Resident Week (\$395) Weekend Tournament (\$150)

STEP 3 PAYMENT

CREDIT CARD:

CREDIT CARD#: _____ EXP. DATE: _____ 3 DIGIT CODE: _____

Print name on credit card: _____ SIGNATURE: _____

AMOUNT: _____ Make checks payable to: The Soccer Institute.

Mail completed form with payment to: The Soccer Institute, P.O. Box 340, Huntsburg, Ohio 44046.
 Or fax completed registration form to 440-435-2020. Questions? Please call 440-636-5095 or 440-286-8520.

STEP 4 PARENT OR LEGAL GUARDIAN

***Applications cannot be processed without payment and signature of parent or legal guardian.

PRINT NAME: _____ SIGNATURE: _____

WAIVER: By signing above, I certify that my son/daughter is in good health and has permission to participate in camp activities. All registered campers will receive a confirmation letter, medical form, directions, list of items to bring to camp, as well as camp rules and regulations.