

Residential Soccer Camp 2010 Registration Form

A \$150 non-refundable deposit, payable to English Soccer Experience is required to secure a place at camp.

Please fill out the following information and return to:

PO Box 55179, Phoenix, AZ 85078 - 5179

Contact Mark Lowe @ 480.600.8136 or mark@englishsoccer.com

Please print clearly as all correspondence will be done by email

Name of Player _____ Age at camp _____ DOB _____

Team _____ Player Email _____

Parents _____ Email _____

Street _____ Town _____ Zip _____

Home phone _____ Work _____ Cell _____

Name of room-mate _____

Select Week:

Week 1: June 20th - June 25th/26th ___

Week 2: June 27th - July 2nd/3rd ___

Week 3: July 11th - July 16th/17th ___

Week 4: July 18th - July 23/24th ___

Check Program:

Half Week Camp \$425 (Sun-Wed) ___ Half Week Camp with Shooting or Goalkeeping \$465 (Sun-Wed) ___

Select \$530 (Sun-Fri) ___ Select Program with Shooting or Goalkeeping \$605 (Sun-Fri) ___

Pro Program \$580 (Sun-Sat) ___ Pro Goalkeeping \$650 (Sun-Sat) ___

Pro Shooting - our most popular program \$650 (Sun-Sat) ___

Day Select Camper \$330 (Mon-Fri) ___

Day Camper with Shooting or Goalkeeping \$400 (Mon-Sat) ___

Number of Private Lessons: One (\$50) ___ Two (\$80) ___ Three (\$120) ___

Select Camp & Pro Camp Discounts: if 2-4 players sign up together it is \$20 pp. If 5 -10 players sign up together it is \$30 pp

Pro Shooting & Pro GK discounts: if 2-4 players sign up together it is \$40 pp. If 5-10 players sign up together it is \$50 pp

For a team rate (11 and more) please contact Mark Lowe

(In order for discounts to apply, the applications must arrive in the same envelope.)

Total amount _____ \$150 deposit enclosed _____ Balance owed _____
(The balance must be paid 4 weeks prior to the start of the camp)

I certify that my child _____ is in good health and may participate in all activities related to the soccer camp. I am aware that soccer is a physically challenging contact sport in which injuries do occur as a natural part of the game. I have read and completed the Medical Release form. I agree to hold the English Soccer Experience Inc, its agents, contractors harmless from all injuries sustained to my child during participation in camp. I grant permission for my child to receive emergency medical treatment if required. Permission is granted to English Soccer Experience to use any photographs or video footage of my child in any promotional literature. Refunds: the \$150 deposit is non refundable. Once the balance is paid there are no refunds. A camp credit will be given that can be used at any time during the 2009 Or 2010 camp season. There is no refund for any player who has to leave camp early for whatever reason.

Print Name _____ Sign _____ Date _____