



English Soccer Experience Residential and Day Soccer Camps, 2026, NAU, Flagstaff

Please fill out the following information and return with a check to: English Soccer
Experience, PO Box 30662, Phoenix, AZ 85046

Name of Player _____ Gender _____ Age at camp _____ DOB _____
Street _____ City _____ Zip _____
Mom name _____ Dad name _____
Mom cell _____ Dad cell _____
Mom email _____ Dad email _____
Name of group (if any) _____ Room-mate _____
T-shirt size _____

Step One: Choose your Week

Week 1: May 31-June 6 ____ Week 2: June 7-13 ____ Week 3: Jun 14-20 ____
Week 4: Jun 21-27 ____ Week 5: Jul 5-11 ____ Week 6: Jul 12-18 ____
Week 7: Jul 19-25 ____

2025 prices will remain in effect until Jan 1st, 2026
(please submit the registration form by January 1st)

Step Two: Choose your Program

(Detailed program information is on our website www.englishsoccer.com)

Residential Programs:

Pro Goalkeeping Program \$895 (Sun-Sat) ____

Pro Shooting Program \$895 (Sun-Sat) ____

Select Program \$795 (Sun-Fri) ____

Half Week Program \$545 (Sun-Wed) ____

Half Week Program with Shooting or Goalkeeping \$595 (Sun-Wed) ____

Day Campers (non-residential programs):

Full Week Day Program \$395 (Sun-Sat) ____

Full Week Day Program with Shooting or Goalkeeping \$495 (Sun-Sat) ____

Half Week Day Program \$295 (Sun-Weds) ____

Half Week Day Program with Shooting or Goalkeeping \$375 (Sun-Weds) ____

Number of Private Lessons (Available all weeks): One (\$75) ____ Two (\$120) ____ Three (\$150) ____

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 2026 or 2027 camp season. There is no refund for any player who has to leave camp early for whatever reason.

My child and I have read and understand the 2026 Rules for Campers (please initial) _____

Please list any medical conditions and allergies

I understand the refund policy (please initial) _____

Print Name _____ Sign _____ Date _____

**All relevant Camp Info can be found on the FAQ page on our website:
www.englishsoccer.com**

(Program descriptions, location, schedule, player rules, medical release form, what to bring, check-in times, checkout times, etc.)

**If you have any questions about camp please do not hesitate to contact
Andy Ward @ 480.310.3554 or andy@englishsoccer.com**

ESE USE ONLY: DR _____ AR _____ CON _____