

Blazers Soccer Camps

2017 Boys & Girls 4-Day Camp

Camper's Name: _____ Gender: _____ Age: _____

We will send all camp info to the email provided & contact you by phone if needed

Mother's Name: _____ Cell Phone: _____

Mother's Email: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Additional Camper

Camper's Name: _____ Gender: _____ Age: _____

Emergency Contact Info

Name: _____ Phone Number: _____

Relationship to Camper(s): _____

T-Shirt Size (circle one)

YS YM YL AS AM AL AXL

Camp (circle one)

Beginner
9:00 am - 12:00 pm

Advanced
9:00 am - 5:00 pm

Date (circle one)

March 13 - 16

July 10 - 13

July 17 - 20

*Please mail with check made payable to: Blazers Soccer Camps
P.O. Box 12922
Jackson, MS 39236*