

Blazers Soccer Camps

2017 Girls Team Camp

Camper's Name: _____ Age: _____

School: _____ Grade (Fall 2017): _____

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: _____ Age: _____

School: _____ Grade (Fall 2017): _____

Emergency Contact Info

Name: _____ Phone Number: _____

Relationship to Camper(s): _____

T-Shirt Size (circle one)

YS

YM

YL

AS

AM

AL

AXL

Camp Date: June 26 (Mon) - June 29 (Thurs)

Please make checks payable to: Blazers Soccer Camps

Non-Refundable \$100 Deposit Included Cash Check # _____

Remaining Balance \$ _____ Cash Check # _____