



FILETS Soccer Camp 2017

Registration Form

INFORMATION

Last Name _____ First Name _____ Gender _____
Date of Birth _____ Address _____ City _____
State _____ Zip Code _____ Phone number _____ Email _____

Institution

School Name _____ School Supervisor Name _____ Grade Level _____
School Address _____ School Supervisor number _____

- Are there any conditions should we be aware of that may affect the athlete to play soccer during our camp hours? _____
- Please describe in detail your soccer ability _____
- Why Do you want to attend FILETS Soccer Camp _____
- T-shirt size: small medium large

PARENT/ GUARDIAN INFORMATION

Last Name _____ First Name _____ E-mail _____
Phone number _____ Work number _____ Cell number _____
Where Did you hear about FILETS? _____

FOR OFFICIAL USE ONLY

PROOF OF AGE: Yes No **Type of proof:** ID Card Birth Certificate Other: _____

PAID CAMP FEE: Yes No **Type of payment:** Cash Online

Staff Initial & Signature