



HIGH POINT UNIVERSITY SOCCER CAMP

"Professional Training For All Ages And Abilities"

DAY CAMP APPLICATION

NAME: _____

AGE: _____ SEX: M _____ F _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN: _____

MOBILE PHONE: _____ WORK PHONE: _____

E-MAIL: _____

T-SHIRT SIZE: YS YM YL AS AM AL AXL (PLEASE CIRCLE ONE)

POSITION(S) PLAYED: _____

SESSION(S) ATTENDING:

DAY CAMP ONE – JUNE 16 – 19, 2008

_____ HALF DAY AGES 5 – 9 ONLY \$150.00

_____ FULL DAY AGES 10 – 15 ONLY \$225.00

DAY CAMP TWO – JULY 14 – 17, 2008

_____ HALF DAY AGES 5 – 9 ONLY \$150.00

_____ FULL DAY AGES 10 – 15 ONLY \$225.00

TOTAL ENCLOSED: \$ _____

TO ENROLL:

PLEASE RETURN YOUR COMPLETED APPLICATION, HEALTH WAIVER FORM AND A **NON-REFUNDABLE** \$100.00 DEPOSIT TO:

HIGH POINT UNIVERSITY SOCCER CAMPS
833 MONTLIEU AVENUE
HIGH POINT, NC 27262

FINAL BALANCE IS DUE 7 DAYS PRIOR TO START OF CAMP SESSION.

