

TODD WEST'S AMERICAN SOCCER CAMP FOR BOYS 2010 APPLICATION

APPLICANT INFORMATION

Name of Player:		
Date of birth:	Soccer Age (e.g. U-17): U-	Home Phone:
Current address:		
City:	State:	ZIP Code:
Club Team:	High School Team:	Positions(s):
Email Address:	Fax Number:	Cell Phone:

CAMP SESSION / ROOMMATE REQUEST

<input type="checkbox"/> Elite Prospect Camp Session I (7/27-7/30)		<input type="checkbox"/> Elite Prospect Camp Session II (8/1 – 8/4)	
<input type="checkbox"/> Residential Camp (\$550.00)	<input type="checkbox"/> Extended Day Camp (\$450.00)	Roommate Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Roommate Registered Yet?	Did/Will Roommate Request You?	My Shirt Size:	<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

ROOMMATE INFORMATION (IF APPLICABLE)

Name of Roommate:		
Address:		Home Phone:
City:	State:	ZIP Code:
Email:	Cell Phone:	Fax Number:

PARENT / GUARDIAN INFORMATION

1. Parent / Guardian Name:		
Email:	Home Phone:	Cell Phone:

OTHER PARENT / GUARDIAN INFORMATION

2. Parent / Guardian Name:		
Address:		Same as Camper?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Cell Phone:		

PAYMENT INFORMATION

<input type="checkbox"/> Check (enclosed)	Please make checks payable to:	Please send checks to:
	Todd West's American Soccer Camp	Todd West's Soccer Camp
Total Tuition Amount: \$ \$550 Residential / \$450 Extended Day		American University- Bender Arena 4400 Massachusetts Ave NW Washington, DC 20016
Payment Option I: <input type="checkbox"/> I Am Check the Entire Tuition Now Payment Option II <input type="checkbox"/> I am paying the \$200 Deposit Now; and I will send the balance by 6/1/2010		
The \$200 Deposit is Non-Refundable	Refunds on a Case by Case Basis	

ADDITIONAL INFORMATION / COMMENTS

PARENT / GUARDIAN / CARDHOLDER SIGNATURES	
--	--

I certify all information provided herein is accurate and authorize my credit card to be charged as indicated above..

--	--