

2019 BETHANY SOCCER CAMP REGISTRATION

Male Female

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Home () _____ Work _____

Roommate Preference _____

Parents or Guardian Name _____

ContactEmail: _____

Birth Date _____ Age _____ Grade (Fall 19) _____

T-Shirt Size _____ Years of Soccer Experience _____ Position _____

Team Name (School or Club) _____

Residential Commuter

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Please Check	<input type="radio"/> July 7-11 (Boys) Age: 14-18
One:	<input type="radio"/> July 14-18 (Girls) Age: 14-18
	<input type="radio"/> 06-07 Club Girls July 28-30:
	<input type="radio"/> 06-07 Club Boys July 28-30:

Please Check	<input type="radio"/> July 7-11 (Boys) Age: 14-18
One:	<input type="radio"/> July 14-18 (Girls) Age: 14-18
	<input type="radio"/> 06-07 Club Girls July 28-30:
	<input type="radio"/> 06-07 Club Boys July 28-30:

A deposit of \$100.00, payable to Bethany Soccer Camps, is to be submitted with this form to:
Bethany Soccer Camps
C/o John Cunningham
PO Box 206
Bethany, WV 26032

Deposit Full Payment Check # _____ Check Date _____

Charge: \$3.00 extra charge for credit cards Visa MasterCard

Name on Card: _____ Amount \$ _____

Card No. #: _____ Expiration Date: _____

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