

## 2020 BETHANY SOCCER CAMP REGISTRATION

Name \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work \_\_\_\_\_  
Roommate Preference \_\_\_\_\_  
Parents or Guardian Name \_\_\_\_\_  
ContactEmail: \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Years of Soccer Experience \_\_\_\_\_ Position  Forward  Midfield  
 Defense  Keeper  
Team Name (School or Club) \_\_\_\_\_  
 Residential  Commuter

Please	<input type="radio"/> July 12-15 (High School Girls)
Check	<input type="radio"/> July 26-29 (High School Boys)
One:	<input type="radio"/> July 31-Aug 2 (Youth Camp Ages 10-13)

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: \_\_\_\_\_

## 2020 BETHANY SOCCER CAMP REGISTRATION

Name \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work \_\_\_\_\_  
Roommate Preference \_\_\_\_\_  
Parents or Guardian Name \_\_\_\_\_  
ContactEmail: \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Years of Soccer Experience \_\_\_\_\_ Position  Forward  Midfield  
 Defense  Keeper  
Team Name (School or Club) \_\_\_\_\_  
 Residential  Commuter

Please	<input type="radio"/> July 12-15 (High School Girls)
Check	<input type="radio"/> July 26-29 (High School Boys)
One:	<input type="radio"/> July 31-Aug 2 (Youth Camp Ages 10-13)

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: \_\_\_\_\_