

2010 Auburn Soccer Camp Application Elite Camp

Name: _____
Last First

Address: _____

City: _____ St.: _____ Zip: _____

Phone: (____) _____

E-Mail: _____ * MUST PROVIDE

Age at Camp: _____ Grade for Fall 2010 _____

T-Shirt Size: YM YL S M L XL

Adult Women's Short Size: S M L XL

Check one: Field Player Goalkeeper

Have you attended an Auburn Soccer Camp Before? Yes No

If so how many years? _____

Check One:

AU Experience Camp- June 11-13, 2010 \$400

Team Name: _____

ROOMMATE PREFERENCE: _____

Check One: Auburn Soccer Ball: \$25

- Size 5 No Ball
 Size 4

Each camper must have a completed medical form and a copy of the front and back of their insurance card before they will be allowed to participate. The medical form can be found on our website. The AU medical staff will NOT allow campers to participate until we have this form on file. You may mail your medical forms along with your application or you may email them to soccer@auburn.edu or fax it to 334-844-4255.

Minimum Deposit: \$100

Payment for ball and deposit must accompany application.

Make checks payable to and mail application to:

Auburn Soccer Camp
P.O. Box 351
Auburn, AL 36831-0351

For Office Use Only:

Deposit: _____
Received: _____ Ck#: _____
Balance: _____
Received: _____ Ck#: _____