

2010 Auburn Soccer Camp Application Residential Camp

Name: _____
Last First

Address: _____

City: _____ St.: _____ Zip: _____

Phone: (____) _____

E-Mail: _____ * MUST PROVIDE

Age at Camp: _____ Grade for Fall 2010 _____

Male _____ Female _____

T-Shirt Size: YM YL S M L XL

Check one: Field Player Goalkeeper

Have you attended an Auburn Soccer Camp before? Yes No

If so how many years? _____

<p><u>Check One:</u></p> <p><input type="checkbox"/> Individual Resident \$450</p> <p><input type="checkbox"/> Team Resident* \$430</p> <p>Team Name _____</p> <p><input type="checkbox"/> Commuter \$350</p>	<p><u>Check One:</u></p> <p><input type="checkbox"/> July 18-21, 2010</p>
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*Team camp applications must be sent together in one envelope and have a minimum of 10 players.

ROOMMATE PREFERENCE: _____

<p><u>Check One:</u> Auburn Soccer Ball: \$25</p> <p><input type="checkbox"/> Size 5 <input type="checkbox"/> No Ball</p> <p><input type="checkbox"/> Size 4</p>

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 and payment to:

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

<u>For Office Use Only:</u>	
Deposit:	
Received:	Ck#:
Balance:	
Received:	Ck#: