



THE SOCCER INSTITUTE

Quality Coaching  **Limited Enrollment**  **Affordable Tuition**

2010 REGISTRATION FORM

STEP 1 STUDENT

NAME _____ DOB _____ AGE _____ M F
 GENDER GRADE FALL 2010 _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DAY PHONE _____ EMAIL ADDRESS _____

T-SHIRT SIZE: YOUTH S M L XL ADULT S M L XL

STEP 2 CHOOSE DESIRED PROGRAM(S)

Youth Camps - Day & Resident Team Camps Tournaments (Please use tournament registration form)

CAMP DATES: June 21-25 AOA: July 5-8* July 19-23 Aug 2-6 Aug 16-20




*Camp held at Andrews Osborne Academy, 38588 Mentor Ave., Willoughby 44094

TIMES: Half Day (9am - 12noon) Ages 6-12 Half Day (12noon - 3pm) Ages 6-12
 Full Day (9am - 3pm) Ages 6-18 Resident (Mon 9am - Fri 3pm) Ages 9-18
 AOA Camp* (9am - 12noon Grades K-3 1pm - 4pm Grades 4-6 5pm - 8pm Grades 7-9)

TEAM CAMPS (High School or Club Teams) - Select any week or weekend.
 First received basis on reservations! List first choice / alternate date: _____ / _____

FEES: Half Day (\$125) Full Day (\$175) Resident Week (\$350) AOA Camp* (\$135)

STEP 3 PAYMENT

CREDIT CARD:   

CREDIT CARD#: _____ EXP. DATE: _____ 3 Digit Code: _____

Print name on credit card: _____ SIGNATURE: _____

AMOUNT: _____ Make checks payable to: The Soccer Institute.
 Mail completed form with payment to: The Soccer Institute, P.O. Box 340, Huntsburug, Ohio 44046.
 Or fax completed registration form to 440-435-2020. Questions? Please call 440-708-6053.

STEP 4 PARENT OR LEGAL GUARDIAN

***Applications cannot be processed without payment and signature of parent or legal guardian.

PRINT NAME: _____ SIGNATURE: _____

WAIVER: By signing above, I certify that my son/daughter is in good health and has permission to participate in camp activities. All registered campers will receive a confirmation letter, medical form, directions, list of items to bring to camp, as well as camp rules and regulations.