

Application for 2012 Soccer Academy at Furman University

Complete this form front AND back and return with your deposit to reserve your space.

Mail to: Doug Allison's Soccer Academy, Inc.
608 Foxcroft Road • Greenville, SC 29615



for office use

First Name: _____ Last Name: _____ Sex: M F
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Emergency Phone: (____) _____
Parent or Guardian's Names (Print): _____ Email: _____
_____ Age at camp Field Player: _____ Goalkeeper (GK): _____ *Please be sure to indicate if attending as GK!*

CHECK DESIRED SESSION:

<input type="checkbox"/> Team Camp	June 21 - 25	\$475	* Commuter \$425
<input type="checkbox"/> Half Day Camp	July 16 - 20	\$155	<i>*Please circle "commuter" if attending an overnight camp as a commuter.</i>
<input type="checkbox"/> Full Day Camp	July 16 - 20	\$255	
<input type="checkbox"/> Resident Camp	June 28 - July 2	\$475	* Commuter \$425
<input type="checkbox"/> Senior Elite Camp	June 28 - July 1	\$575	* Commuter \$525

\$25.00 Diadora Camp Ball <input type="checkbox"/> I will purchase the camp ball. Circle Ball Size: 4 (age 5 – 10) 5 (age 11 and up) <input type="checkbox"/> I will bring my own ball.	Airport Shuttle required: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please include a copy of flight itinerary and \$20.00 fee
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PAYMENT OPTIONS

1. Credit Card: If paying by credit card, the <i>full amount will be charged.</i> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Name on Card _____ Credit Card # _____ Exp. Date ____/____/____
2. Check: Please make checks payable to Doug Allison's Soccer Academy, Inc.
3. On Line Registration: You may register on line at: www.soccercamp.com If you choose to register on line <i>you must pay in full at the time of registration with a credit card.</i> Additionally, the parental consent form must be acknowledged by parent or guardian during the online registration procedure.

Free Camp T-Shirt Order: ____ Youth L ____ Adult S ____ Adult M ____ Adult L ____ Adult XL Roommate Preference: _____ <i>(In order to guarantee a roommate, both campers must request each other before June 15)</i>

Complete this section if you are attending as part of a group or team. Teams are accepted at all sessions:

Team Name _____ Coach/ Contact: _____

Remember to complete the Parental Consent form

Deposit Received: \$ _____	Office Use Only	Date: _____
Bal Due Check In: \$ _____	Check #: _____	Date: _____