

Soccer Camp Registration Form



Participant Information:

Last Name First Name MI

Gender Grade Church (If you regularly attend church, which one?)
(21-22 School year)

Date of Birth / / How many years has your child played this sport?
Month Day Year

NOTES:

Participant's Parent/Guardian Information:

Father/Guardian

Address City State Zip

Home Ph. Mobile Ph. Email

I would like to assist this camp by being a: Coach Referee Assistant Coach

Mother/Guardian

Address City State Zip

Home Ph. Mobile Ph. Email

I would like to assist this camp by being a: Coach Referee Assistant Coach

Emergency Contact Email Mobile Ph.

Sizing:

Tshirt Size:

YXS YS YM YL YXL/AS

AM AL AXL A2XL

Please email this form to mzcchurch@gmail.com
or turn it in on June 2nd's 5:30pm practice

Office Use Only:

Date: Payment Type: Amount Paid: Note: