FAMILY FIRST SPORTS PARK
SOCCER TEAM CAMP REGISTRATION FORM

School/Team Name:_____

Contact Name:_____

Contact's Home Address:_____

City:_____ State:_____ Zip:_____E -mail Address:_____

Home Phone:(_____)_____-_____ Work Phone:(_____)_____-_____

How did you hear about our camp?:_____

_____

*Only 16 spots available per camp (8 Boys; 8 Girls)

My team(s) will be attending: *(Please check all that apply.)*
- ❑ Team Camp I: July 24-27, 2003
- ❑ Team Camp II: July 28-31, 2003
- ❑ Team Camp III: August 1-4, 2003
- ❑ Team Camp IV: August 5-8, 2003

Confirmation Packets will be sent out by April 1, 2003

What team will you be bringing to camp?

Team Camp 1:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys
Team Camp 2:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys
Team Camp 3:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys
Team Camp 4:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys

❑ Reside at Family First Sports Park: $190 per Player
Approximate # of Players:_____ Minimum # of players 14, Maximum # of players 20
Approximate # of Coaches:_____ *(Remember—1 coach stays free!)*

** Must pay a Deposit of $570 (3 player fees) to reserve a spot.*
Deposit is NON-REFUNDABLE after June 1, 2003
- ❑ I have enclosed the full payment for my team(s).
- ❑ I have enclosed a deposit of $570 (Three player's fees.)
- ❑ I am charging my credit card ❑ Visa® ❑ Master Card® ❑ American Express® ❑ Discover®
  Credit Card #: _____ Expiration Date: ____/____/____
  Amount Charged: _____

Please make all checks/money orders payable to:
Family First Sports Park Corp.
8155 Oliver Road Erie, PA 16509
Attention: Jamie Smith or Brian Holdford
E-mail: jamie@thesportspark.com or brianh@thesportspark.com
1-888-846-7275 or (814) 866-5425
Fax: (814) 866-8066
www.familyfirstsportspark.com