SOCCER TEAM CAMP

2006 REGISTRATION FORM

School/Team Name:_____

Contact Name: _____

Contact's Home Address:_____

City:_____ State:_____ Zip:_____

E-mail Address:_____

Home Phone:_____ Work Phone:_____

Briefly describe your team's level of play:_____

My team(s) will be attending: (Please check all that apply.)

- ❑ Team Camp I: July 24-27, 2006 (16 spots available)
- ❑ Team Camp II: July 28-31, 2006 (18 spots available)
- ❑ Team Camp III: August 1-4, 2006 (14 spots available)
- ❑ Team Camp IV: August 5-8, 2006 (14 spots available - girls only)

CONFIRMATION PACKETS WILL BE EMAILED BY APRIL 1, 2006

What team will you be bringing to camp?

Team Camp I:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys
Team Camp II:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys
Team Camp III:	❑ Varsity Girls	❑ Varsity Boys	❑ JV Girls	❑ JV Boys
Team Camp IV:	❑ Varsity Girls		❑ JV Girls	

❑ **Reside at Family First Sports Park: $230 per Player**

Approximate # of Players:_____ Minimum # of players 14, Maximum # of players 20

Approximate # of Coaches:_____ (Remember—1 coach stays free! Additional coaches pay $110 each.)

*** Must pay a Deposit of $690 (three player fees) to reserve a spot.**

DEPOSIT IS NON-REFUNDABLE AFTER JUNE 1, 2006. TEAMS MUST PAY FOR A MINIMUM OF 14 PLAYERS.

- ❑ I have enclosed the full payment for my team(s).
- ❑ I have enclosed a deposit of $690 (Three player's fees.)
- ❑ I am charging my credit card ❑ Visa® ❑ Master Card® ❑ American Express® ❑ Discover®

ALL CREDIT CARD TRANSACTIONS WILL BE SUBJECT TO A $3.00 PROCESSING FEE

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

FAMILY Sports Park FIRST

SOCCER TEAM CAMP

2006 ROSTER SHEET

This Roster Sheet must be returned by June 1, 2006.

Team Name:_____

Coach/Contact Name:_____ Shirt Size: _____

Home Address:_____

City:_____ State:_____ Zip:_____

E -mail Address:_____

Home Phone:_____ Work Phone:_____

Assistant Coach's Name:_____ T-shirt size:_____

Name	T-shirt size
1.	
2.	
3.	
4.	
5.	
6.	
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20.	