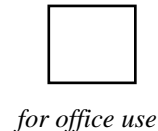


# Application for 2010 Soccer Academy at Furman University

*Complete this and the Parental Consent forms and return with your deposit to reserve your space.*



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

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): \_\_\_\_\_

### CHECK DESIRED SESSION:

<input type="checkbox"/> Team Camp	June 24 - 28	\$475	* Commuter \$425
<input type="checkbox"/> Half Day Camp	July 19 - 23	\$155	<i>* Please Circle "Commuter" if attending an overnight camp as a commuter.</i>
<input type="checkbox"/> Full Day Camp	July 19 - 23	\$255	
<input type="checkbox"/> Resident Camp	July 5 - 9	Field: \$460	GK: \$485 * Commuter \$410 GK \$435
<input type="checkbox"/> Senior Elite Camp	July 5 - 8	Field: \$565	GK: \$625 * Commuter \$515 GK \$575

*Please circle GK if attending Resident or Senior Elite Camp as a Goalkeeper*

**\$25.00 Diadora Camp Ball**

I will purchase the camp ball.  
 Circle Ball Size: 4 (age 5 - 10)  
 5 (age 11 and up)

I will bring my own ball.

**Airport Shuttle required:**  YES  
 NO

If yes, please include copy of flight itinerary and \$20.00 fee.

### PAYMENT OPTIONS

**1. Credit Card:** If paying by credit card, the *full amount will be charged.* VISA   
 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](http://www.soccercamp.com) If you choose to register on line *you must pay in full at the time of registration with a credit card.* Additionally, the parental consent form must be acknowledged by parent or guardian during the online registration procedure.

**Free Camp T-Shirt Order:** \_\_\_\_ Adult Small \_\_\_\_ Adult Med \_\_\_\_ Adult Large \_\_\_\_ Adult XL

**Roommate Preference:** \_\_\_\_\_  
*(In order to guarantee a roommate, **both** campers must request each other before June 15)*

### 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

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