

# SOCCER ACADEMIES

## CAMPER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School Grade in Fall 2014 \_\_\_\_\_  
Gender \_\_\_\_\_ School \_\_\_\_\_ Club Team \_\_\_\_\_  
Position \_\_\_\_\_ Roommate Req (Res only) \_\_\_\_\_  
Health Insurance Company / Policy # \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone # \_\_\_\_\_

## SELECT A SESSION

- College ID Camp** | MARCH 22-23
- Day Academy** | JULY 7-11 | Boys & Girls | Grades K - 12
- Residential Academy Session I** | JULY 13-16 | Boys | Grades 9 - 12
- Residential Academy Session II** | JULY 17-20 | Boys | Grades 9 - 12

Print this page and mail it with your payment to:  
Soccer Academies, Inc.  
PO Box 123  
Hanover NH 03755