

REGISTRATION FORM

Player's Name: _____

Age (Summer 2010) _____ Gender: Male Female

D.O.B. _____ (Grade Fall 2009) _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email(s) _____

Position: Field Player Goalkeeper

Experience (number of years) _____ Primary Position _____ Current Club/Team _____

Session(s) Attending: Boys' Week Girls' Week
 Mini Academy Camp I Mini Academy Camp II
 Rage Goalkeeper Camp Pre-season Camp*
 Kutztown Residential Camp Kutztown Commuter

Week Desired _____ Team _____

*Contact the Rage staff at gquinn@bsarage.com or call to arrange location and time for your team

Cost \$ _____

PAYMENT OPTIONS

Early Registration: Register before **April 30th, 2010**, to receive a discount!

Pay by check Total Amount Enclosed \$ _____ Check # _____

Confirmation and Liability Waiver will be sent upon receipt of application and fee.

Make checks payable to: **Rage Soccer Club**

Mail Reg. Form & Payment to: Rage Soccer Club • c/o Soccer Camps • PO Box 130 • Leesport, PA 19533

Pay online Payment Made \$ _____

To pay online go to: www.bsarage.com/paypal/paypal.htm

For the invoice number, enter the camp name.

Enter the amount paid and the name of the player(s) participating.

Please be sure to print a receipt for your records.

Mail Registration Form to: ATT: Rage Soccer Camps • Rage Soccer Club • PO Box 130 • Leesport, PA 19533

For more information or questions contact Ged Quinn at gquinn@bsarage.com or call (828) 308-7562.

HOW DID YOU FIND US?

Please let us know how you found out about the Rage Soccer Camp Programs. Thank you.

Website Email Flyer Friend Other: _____