



WILDCAT SOCCER SCHOOL



2011 Registration Application

Last Name _____ First Name _____ Birthdate _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____ Cell Phone _____

Age on Sept. 1, 2011 _____ Grade on Sept. 1 _____

Height _____ Weight _____ Indicate Size of Shirt _____ Shorts _____

Name of Coach _____ Phone _____ Email _____

Reserve your place by completing this form and returning it with a \$200 deposit or full payment payable to the Wildcat Soccer. Be sure to check the line next to the session you prefer. Balance of payment should be made at least one month prior to the week you will attend.

Join us for a challenging week and a real pro soccer camp environment!



Please check:

_____ Week One	Meriden	Overnight	July 17-22	\$695
		Day (3 hours)	July 17-22	\$175
_____ Week Two	Amherst	Overnight	Aug. 1-5	\$550
		Day (3 hours)	Aug. 1-5	\$175
_____ Week Three	Pembroke	Day (3 hours)	Aug. 8-12	\$175
_____ Week Four	Meriden	Overnight	Aug. 12-15	\$450



Amount Enclosed _____ **\$200 Deposit** _____ **Full Payment** _____

Correspondence, registration and payment for all programs should be made to Wildcat Soccer, Box 563, New Hampton, NH 03256. For further information call 603-744-5067 or email - ben@bbsoccer.com.

SPECIAL RATES FOR GROUPS: Members of a group of five or more will receive \$40 off their tuition cost and members of a group of ten or more will receive \$60 off. Both discounts are for the overnight camp week. This is provided that the applications are sent in together with a list of names and a statement requesting the discount.

I would like to share a room with _____ My position is _____

In what years did you previously attend the Wildcat Soccer School _____

I grant permission for the Wildcat Soccer School to use photographs or video tape made of this applicant during the school sessions.

REFUND POLICY: Your deposit is non refundable and non transferable regardless of the reason for cancellation. Other monies will be refunded upon written request if it is made two weeks prior to the session. After that no refunds shall be made for any reason but payments shall be credited for participation the following year.

_____ Parent's Name _____

Signature of Parent _____
Parents Email _____ Cell Phone _____