



**SOCCER MINI CAMP ENROLLMENT FORM**

\_\_\_\_\_  
CAMPER'S LAST NAME                      PARENT'S LAST NAME (IF DIFFERENT)                      CHILD(REN)'S FIRST NAME(S)

\_\_\_\_\_  
HOME ADDRESS    ZIP CODE    HOME PHONE

\_\_\_\_\_  
EMAIL ADDRESS (PLEASE PRINT)                      WEEKS ATTENDING                      AGE(S)                      T-SHIRT(S) SIZE

\_\_\_\_\_  
CELL PHONE NUMBER    EMERGENCY CONTACT NAME AND NUMBER

Early Bird Registration: Each mini clinic week is \$225.00 thru June 24.

Regular Season Rate: After June 24 each mini clinic week will cost \$250.00

Hours of Clinic: 9:00 AM -12 Noon                      Location: College of Staten Island

**PLEASE INDICATE THE WEEKS YOUR CAMPER(S) WILL ATTEND IN THE SPOT ABOVE ASKING WEEK (S) ATTENDING. TUITION MUST BE PAID IN FULL AT THE TIME OF REGISTRATION. TUITION MAY BE PAID BY CHECK, MONEY ORDER, CASH OR CREDIT CARD. PLEASE MAKE CHECKS OR MONEY ORDERS OUT TO STATEN ISLAND DAY CAMP. THERE IS A 3% ADMINISTRATIVE FEE FOR CREDIT CARDS.**

**MINI CAMP WEEKS AVAILABLE**

**WEEK 1    July 11 - 15**

**WEEK 2    July 18 – 22**

**WEEK 3    July 25 - 29**

**WEEK 4    August 1 -5**

**\*\*\* All tuition is non-refundable after May 6. There will be a \$50 cancellation fee prior to the May 6th deadline. The camp is not responsible for outside injuries at school and thus no refunds will be made.**

Parent/Guardian (Please print name) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_