

2009 BAYSL YOUTH SOCCER CAMP
REGISTRATION FORM



**** PLEASE BRING FULLY INFLATED SOCCER BALL AND WATER TO EACH SESSION****

AGE RANGE: 4-8 YRS OLD

Dates: JUNE 22-26 (M-F)

Time: 10:00 A.M. - 12:30 PM

Cost: BAYSL MEMBER: \$150 (\$165 after 06/19) / NON MEMBER: \$175 (\$190 after 06/19)

Dates: AUGUST 10-14 (M-F)

Time: 10:00 A.M. - 12:30 PM

Cost: BAYSL MEMBER: \$150 (\$165 after 07/31) / NON MEMBER: \$175 (\$190 after 07/31)

** NO REFUNDS EXCEPT FOR LONG TERM INJURIES (COACHES DISCRETION)*

PLEASE INDICATE THE CAMP YOU ARE SIGNING UP FOR:

Dates: JUNE 22-26 (M-F)

Dates: AUGUST 10-14 (M-F)

Player's Last Name: _____ Player's First Name: _____

Age for **FALL of 2009-10** Season: Boy Girl Age: _____

Parent / Guardian's Name: _____

Email address: _____

Name/Number(s) to be contacted in case of an emergency:

PLEASE ATTACH THIS FORM WITH A CHECK MADE OUT TO KICKS FOR KIDS & MAIL TO:

BUFC c/o KICKS FOR KIDS
ATTN: SUMMER CAMPS
PO BOX 409
BIRMINGHAM, MI 48012

Office Use only: Date Received: _____ Check no. _____ Amount: _____